Body Image Questionnaire HCHS/SOL SOLNAS Ancillary Study

	RM CODI RSION: A	E: BIE 03/07/20	244	ontact ccasion		SEO	# 0	1	
ADMINISTRATIVE INFORMATION 0a. Completion Date:			0b. 3	Staff ID:					
Instructions: See the detailed instructions in the SOLI participant.	NAS M	anual fo	r compl	etion of	this for	m. Shov	v image	card to	
1. Participant is: Male 1 🗌 Skip Questior	ns 9 to	15	Fen	nale 2	🗌 Go	To Qu	estion	9	
If <u>male</u> , please show <u>male</u> figures and ask "W 2. Reflects what you <u>think</u> you look like	hich ir 1⊡	mage o 2	on the 3	card:" 4⊡	5	6	7	8	9
 Reflects how you <u>feel</u> most of the time 	1	2	3	4	5	6	7	8	9
4. Is your ideal figure (for you)	1	2	3	4	5	6	7	8	9
5. <u>You</u> think is ideal for men	1	2	3	4	5	6	7	8	9
6. You think is most <u>preferred by men</u>	1	2	3	4	5	6	7	8	9
7.You think is most preferred by women	1	2	3	4	5	6	7	8	9
Now show the <u>female figures</u> and ask—"Whicl 8. You think is most <u>preferred</u> by men	h ima∢ 1⊡	ge on t 2⊡	he car 3⊡	d do:" 4⊡	5	6	7	8	9
If <u>female</u> , please show <u>female</u> figures and ask 9. Reflects what you <u>think</u> you look like	k "Whi 1⊡	ch ima 2⊡	ge on 3⊡	the ca 4⊡	rd:" 5⊡	6	7	8	9
10.Reflects how you <u>feel</u> most of the time	1	2	3	4	5	6	7	8	9
11. Is your ideal figure (for you)	1	2	3	4	5	6	7	8	9
12. You think is ideal for women	1	2	3	4	5	6	7	8	9
13. You think is most preferred by men	1	2	3	4	5	6	7	8	9
14. You think is most <u>preferred</u> by women	1	2	3	4	5	6	7	8	9
Now show the <u>male figures</u> and ask—"Which i 15. You think is most <u>preferred by</u> women	image 1	on the 2	e card 3	do:" 4⊡	5	6	7	8	9





	S Clinic Checklist OLNAS Ancillary Study
	FORM CODE: CCE Contact /ERSION: A 10/11/10 Occasion SEQ # 0 1
ADMINISTRATIVE INFORMATION 0a. Completion Date:	0b. Staff ID:
Instructions: Follow MOP protocol information for o	completion of this form.
(Check which one applies.)	
Refuses to participate	1.
Unable to contact	2.
Ineligible	3.
Agrees to participate	4.
Pending scheduling	5.
Scheduled visit 1	6.
Visit 1 complete	7.
Visit 2 complete	8.
Primary Study: Withdrew	9.
Visit 3 complete (Reliability Visit 1)	10.
Visit 4 complete (Reliability Visit 2)	11.
Reliability Study: Declined	12.
Reliability Study: Ineligible	13.
Reliability Study : Unable to contac	t 14.
Reliability Study: Withdrew	15.

HCHS/SOL SOLNAS Ancillary Study Calorimetry Summary Form

ID NUMBER:	FORM CODE: VERSION: A 04		SEQ # 0 1
ADMINISTRATIVE INFORMATION 0a. Completion Date:		0b. Staff ID:	
<u>Instructions:</u> See the detailed QxC	a instructions for completion		
1. Start Time:] (am, pm)		
2. Weight:	kg		
3. Age:			
CALORIMETRY SUMMARY:			
4.			
	mean	SD	CV
a. VCO2 ml/min			
b. VO2 ml/min		• •	
c. RQ		•	
d. EE kcal/d			
5. Actual Duration of RMF	R Measurement Post Ru	n-In: nins	

Shipment to DLW Lab Form HCHS/SOL SOLNAS Ancillary Study

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	ID nber:									FORM CO VERSION			yrofoam ontact Occ			Specimer Storage Box (SEQ			
0a. \$ <u>Inst</u>		ent Da <u>ns:</u> So	te: can tl	he La	ab ID]/[from				D in the s		n storag		DLW Lab				ence	1
(Mai	in Stud	y (visi	ts 1 a	and 2) or R	Reliab	ility St	tud	/ (visite	s 3 and 4)) and c	heck ma	irk whet	her the v	rial is inc	luded or	not.		
			F	For "S	Study	/ Seq				mark bo eliability				(visits 1	and 2)				
			L	_ab II	D					udy Jence	U30	U33	U34	U50	U51	P40	P20		
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									1 🗌	3 🗌									
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]	1 🗌	3 🗌									
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									1 🗌	3 🗌									
									1 🗌	3 🗌									
									1 🗌	3 🗌									

MULTICULTURAL FOOD FREQUENCY QUESTIONNAIRE

Health Science Department, Northeastern University



STUDY NAME:

Please do not write outside the boxed area.

PARTICIPANT NAME:

Please use a number 2 pencil. Completely fill in bubbles, and erase completely if you make any changes. Do not fold, tear, or staple form.

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Mo	nth	D	ay		Ye	ear	
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	2	2	2	2	2	2	2
	3	3	3	3	3	3	3
	4		4	(4)	4	4	4
	(5)		5	(5)	(5)	5	5
	6		6	6	6	6	6
	7		7	7	(7)	(7)	7
	8		8	(8)	(8)	(8)	8
	9		9	9	9	9	9

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Ð	1	1	D	1	1	1	1
(2)	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
(4)	4	(4)	4	(4)	4	4	(4)
5	5	5	5	5	5	5	(5)
6	6	6	6	6	6	6	6
(7)	(7)	7	7	7	7	7	7
(8)	(8)	8	(8)	(8)	(8)	8	(8)
9	9	9	9	9	9	9	9

	Volu	nteer	ID Nu	mber	
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D	1	1	1	(D)	1
2	2	(2)	2	(2)	(2)
3	3	3	3	3	3
4	4	4	4	(4)	4
5	5	5	(5)	(5)	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9







Version 3 2010

This section asks about your usual eating habits, over the past month(s). Your answers should reflect your average intake (at home and away from home over that time period).

First: Mark how often, on the average, you ate the food item (fill in only one frequency per food item). Second: Mark your usual portion size (if you ate more that one food in a line, pick the one eaten the most).

Important: If you don't eat an item, fill in "never" and skip the portion size related to that food item.

No. of Concession, Name Concession in which the

For seasonal fruits, answer with which frequency you eat them during the Summer. For all other fruits, with which frequency you consider you eat them year-round.	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	
Apples, applesauce, pears	0	0	0	0	0	0	0	0	0	
Bananas	\bigcirc	0	\bigcirc	\bigcirc	0	0	0	0	0	
Oranges, tangerines	\bigcirc	0	0	0	0	0	0	0	0	
Grapefruit (white or pink)	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	0	0	0	\circ	
Peaches, nectarines, apricots, plums (fresh, canned, or frozen)	0	0	0	0	0	0		0	0	
Grapes	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0	\bigcirc	
Avocado, fresh (including guacamole)	0	0	0	0	0	0	0	0	0	
Kiwi, or Acerola	0	0	0	0	0	0	0	0	0	
Papaya/ mango	\bigcirc	0	0	0	0	0	0	0	0	
Dried fruit (e.g. raisins, prunes, apricots, dried cranberries)	0	0	0	0	0	0	0	0	0	
Cantaloupe, honeydew melon	0	0	0	0	0	0	0	0	0	
Watermelon	0	0	0	0	0	0	0	0	0	
Strawberries	0	0	0	0	0	0	0	0	0	
Other berries (e.g. blackberries,	0	0	0	\bigcirc	0	0	0	0	0	
blueberries and raspberries)	hund							1		
blueberries and raspberries) Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail)	0	0	0	0	0	0	0	0	0	
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail)	0			0	0	0	0	0	0	
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail) f you eat dried fruit, your portion is usu 1/8 cup 1/4 cup	ally clos	sest to	○ 3/8 сц	ıp		◯ 1/2 CL	ip or mor	1	0	
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail) f you eat dried fruit, your portion is usu	ally close portion or 3/4 cu ually clo	sest to is usual up sest to (3/8 cu Iy closes 11/2 v 1 <i>med. sli</i>	up st to (1 w	edge = 1, r 1 cup nelon = 7	 1/2 ct 4 melon) 2 or r 1/2" dia. x 	up or mor	e ges or 11	/2 cups o	
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail) f you eat dried fruit, your portion is usu 1/8 cup 1/4 cup f you eat cantaloupe or honeydew, your 1/2 wedge or 1/2 cup 1 wedge f you eat watermelon, your portion is usu 1 sm. slice or 1/2 wedge 1 med. sl f you eat strawberries, cherries and/or of 1/2 cup 1 cup f you eat any other cut up or canned fruit	ally clos portion or 3/4 cu ually clo lice/wedg	sest to is usual up sest to (ge rries, you	3/8 cL 11/2 v 1 med. slin 1 lg. s 1 lg. s 1 lg. s 1 lg. s 1 lg. s 0 1 lg. s 1 lg. s	up st to (1 w wedges of ce watern slice/wedg n is usua cups	<i>edge = 1,</i> r 1 cup n <i>elon = 7</i> ge Ily close	 1/2 cL 4 melon) 2 or r 1/2" dia. x more st to 2 cup ur portio 	up or mor nore wed 1" thick) than 1 lg s or more	e ges or 11 slice/we e ally close	/2 cups c dge	or m
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail) f you eat dried fruit, your portion is usu 1/8 cup 1/4 cup f you eat cantaloupe or honeydew, your 1/2 wedge or 1/2 cup 1 wedge f you eat watermelon, your portion is usu 1 sm. slice or 1/2 wedge 1 med. sl f you eat strawberries, cherries and/or of 1/2 cup 1 cup f you eat any other cut up or canned fru 1/2 cup 1 cup	ally clos portion or 3/4 cu ually clo lice/wedg	sest to is usual up sest to (ge rries, you	3/8 cL 11/2 v 1 med. sliv 1 lg. s 1 lg. s 1 lg. s 1 lg. s	up st to (1 w wedges of ce watern slice/wedg n is usua cups	<i>edge = 1,</i> r 1 cup n <i>elon = 7</i> ge Ily close	 1/2 cL 4 melon) 2 or r 1/2" dia. x more st to 2 cup 	up or mor nore wed 1" thick) than 1 lg s or more	e ges or 11 slice/we e ally close	/2 cups c dge	or m
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail) f you eat dried fruit, your portion is usu 1/8 cup 1/4 cup f you eat cantaloupe or honeydew, your 1/2 wedge or 1/2 cup 1 wedge f you eat watermelon, your portion is usu 1 sm. slice or 1/2 wedge 1 med. sl f you eat strawberries, cherries and/or of 1/2 cup 1 cup f you eat any other cut up or canned fruit	ally clos portion or 3/4 cu ually clo lice/wedg	sest to is usual up sest to (ge rries, you	3/8 cL 11/2 v 1 med. slin 1 lg. s 1 lg. s 1 lg. s 1 lg. s 1 lg. s 0 1 lg. s 1 lg. s	up st to (1 w wedges of ce watern slice/wedg n is usua cups	<i>edge = 1,</i> r 1 cup n <i>elon = 7</i> ge Ily close	 1/2 cL 4 melon) 2 or r 1/2" dia. x more st to 2 cup ur portio 	up or mor nore wed 1" thick) than 1 lg s or more	e ges or 11 slice/we e ally close	/2 cups c dge	
Any other fruit (e.g. pineapple, cherries, lychee, canned mixed fruit, fruit cocktail) f you eat dried fruit, your portion is usu 1/8 cup 1/4 cup f you eat cantaloupe or honeydew, your 1/2 wedge or 1/2 cup 1 wedge f you eat watermelon, your portion is usu 1 sm. slice or 1/2 wedge 1 med. sl f you eat strawberries, cherries and/or of 1/2 cup 1 cup f you eat any other cut up or canned fru 1/2 cup 1 cup	ally clos portion or 3/4 cu ually clo lice/wedg	sest to is usual up sest to (ge rries, you	3/8 cL 11/2 v 1 med. slin 1 lg. s 1 lg. s 1 lg. s 1 lg. s 1 lg. s 0 1 lg. s 1 lg. s	up st to (1 w wedges of ce watern slice/wedg n is usua cups	<i>edge = 1,</i> r 1 cup nelon = 7 ge Ily close	 1/2 cL 4 melon) 2 or r 1/2" dia. x more st to 2 cup ur portio 	up or mor nore wed 1" thick) than 1 lg s or more	e ges or 11 slice/we e ally close	/2 cups c dge	

1.

CEREAL	A SAME			Statistics of	17 5 3 A					
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Cold cereal	0	0	0	0	0	0	0	0	0	0
Hot cereal: oatmeal	0	0	0	0	0	0	0	0	0	\bigcirc
Other hot cereal (e.g., Cream of Wheat /Rice, grits, or other cornmeal cereal)	0	0	0	O		0	0	0	0	0
Sugar; added to hot or cold cereal	0	0	0	0	0	0	0	0	\bigcirc	\bigcirc
Granola bars or cereal bars (e.g. including Quaker oats, Nutri-grain, and Nature Valley)	0					0	0	0	0	
If you eat cold cereal, your portion is us 1/2 cup 1/2 cup	sually clo	osest to	<i>(1 indivia</i> ○ 11/2		approx. :		ps or mor	e		
If you add milk to cold cereal, the amou	nt addec	l is usua	Ily close			○ 11/2	cups or n	nore		
If you eat oatmeal, it is usually regular/plain instant, v	with or wi	thout add	ded flavor							
If you eat hot cereal (e.g., oatmeal, grits	or other	r hot cere	eals), you	-	n is usua	-	e st to (1) ps or mor		3/4 cup	cooked)
If you add milk to hot cereal (incl. during 1/4 cup 1/2 cup	g cookin	g), the a	mount a		sually cl		cups or n	nore		
If you eat cereal bars your portion is us 1/2 bar 1 bar 	ually clo	sest to .	○ 11/2	oars		2 bai	rs or more	Э		
SUMMARY QUESTIONS										
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat hot or cold cereals of any kind?		0			0	0	0	0	0	0
If you eat cold breakfast cereal, what tw	o types	(brand n		10.0			1			
I do not know the brand and type			Do	not write	e in shad	led area	n:			
		CC	DE 0	1	2 3	4	5 6	7	(8)	9
1			DE 0	1	2 3	4	(5) (6)	7	(8) (9)
2			DE 0		2 3 2 3		5 6 5 6			9 9
	THE OWNER OF THE OWNER				the second second second			and the second second	Nonco a secondo	Subar (Calabarate States)
BREAD Include breads used in sandwiches such as sub rolls, buns, English muffins, pita wraps; eaten at home and/or at restaurants. Do not incl, breads or rolls in fast food sandwiches or fast food burgers.	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Sliced bread, or bakery bread	0	0	0	\bigcirc	\bigcirc	0	\bigcirc	0	0	0
Bagels/English muffins	0	\bigcirc	0	0	0	0	0	0	0	0
Tortillas, wraps (corn, white or wheat flour)	0	0	0	0	0	0	0	0	0	0
Pancakes, waffles, french toast, mayorca	0	0	0		\bigcirc	\circ			0	0

Please continue on the next page.

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- 3 -

 white (includes multi-grai bakery bread) wheat (light of the second s	n/crackee) b	◯ 100%		<i>t apply)</i> heat	⊖ ry	9		◯ ot	her		
If you eat sliced bread, your portion is units of the slice or piece 2 slices of the slice of th			◯ 3 slice	es or piec	es	○ 4 :	slices	or pie	eces or	more		
If you eat bagels or English muffins, you ○ 1/2 medium ○ 1 mediur		n is usua	lly close ◯ 11/2 m	st to (1) nedium	medium =	Dunkin	<i>Donu</i> mediu	its ba im or	<i>gel)</i> more			
If you eat tortillas or wraps, they are usu		le from (<i>choose a</i> ○ 100%	<i>ll that app</i> whole w	<i>oly)</i> heat flour	⊖ ur	Iknow	n typ	е			
If you eat tortillas or wraps, your portion O 1 medium O 2 mediur			st to (1 n ○ 3 mec		8" diame	<i>ter)</i>	mediu	ım or	2 large	or mo	ore	
If you eat pancakes, waffles, french toas 1 pancake, waffle or slice 2 pancal of french toast or less or slices	kes, waffle	es	🔾 3 pan		affles	04	panca	akes,	vaffle = 4 waffles st or mo	or slic	mete ces	r)
If you add butter or margarine to breads 1/2 pat 1/2 pat 1 pat If you add cream cheese to breads and/o			○ 11/2 p	ats		○ 2	pats o			tsp =	1 pa	t)
1 tablespoon 2 tablesp			 ○ 3 tabl 					spoon	is or mo	ore		
SUMMARY QUESTIONS							1	-				
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4 pe we	er	5-6x per week	1) pe da	er	2
How often do you usually eat breads of any kind (not including tortillas, pancakes, waffles or french toast)?	0	0										
			0	0	0	0	C		0	C		(
If you eat sliced breads, what two types	(brand I		d type) d	o you ea	t most of	iten? (e.	g. Wo					(
If you eat sliced breads, what two types	(brand ı	name and	d type) d Do i	o you ea not write	t most of e <i>in shad</i>	iten? (e. led area	g. Wo	nder	, whole	whea	at)	(
I do not know the brand and type		name and	d type) d Do i DE 0	o you ea not write	t most of e <i>in shad</i> ② ③	iten? (e. led area	g. Wo n: 5	onder 6	, whole	e whea	at) (9	(
i a sa kai baa iig		name and	d type) d Do i DE 0 DE 0	o you ea not write	t most of <i>in shad</i> 2 3 2 3	iten? (e.	g. Wo n: 5 5	6 6	, whole	8 8	(9)	
 I do not know the brand and type 1. 		CO CO CO	Do n Do n DE 0 DE 0 DE 0	o you ea not write	t most of e <i>in shad</i> ② ③	iten? (e. led area 4 4 4	g. Wo n: 5	onder 6	, whole	e whea	at) (9	
I do not know the brand and type		CO CO CO	Do I Do I DE 0 DE 0 DE 0	o you ea	t most of e in shad 2 3 2 3 2 3	iten? (e. led area 4 4 4	g. Wo 5 5 5	6 6 6	(T) (T) (T)	8 8 8	9 9 9	
 I do not know the brand and type 1. 		CO CO CO	Do n Do n DE 0 DE 0 DE 0	o you ea	t most of e in shad 2 3 2 3 2 3	iten? (e. led area 4 4 4	g. Wo 5 5 5	6 6 6	(T) (T) (T)	8 8 8	9 9 9	
 I do not know the brand and type 1 2 VEGETABLES 		CO CO CO	Do n Do n DE 0 DE 0 DE 0	o you ea	t most of e in shad 2 3 2 3 2 3	iten? (e. led area 4 4 4	g. Wo 5 5 5	6 6 6	(T) (T) (T)	8 8 8	9 9 9	
 I do not know the brand and type 1. 2. VEGETABLES If you eat garden or other salads, mark the individual vegetables in their separate line items (e.g. mark lettuce in "Salad greens" and tomato in "Tomatoes"). For toppings such as chicken, feta, egg or olives, include in their corresponding food group section (e.g. include chicken pieces in 		CO CO CO	Do n Do n DE 0 DE 0 DE 0	o you ea	t most of e in shad 2 3 2 3 2 3	iten? (e. led area 4 4 4	g. Wo 5 5 5	6 6 6 6	(T) (T) (T)	8 8 8	9 9 9 9 9 8	
 I do not know the brand and type 1. 2. VEGETABLES If you eat garden or other salads, mark the individual vegetables in their separate line items (e.g. mark lettuce in "Salad greens" and tomato in "Tomatoes"). For toppings such as chicken, feta, egg or olives, include in their corresponding food group 		Less than 1x per	d type) d DE 0 DE 0 DE 0 DE 0 DE 0	o you ea not write 1 1 1 2-3x per	t most of 2 3 2 3 2 3 2 3 2 3 2 3	iten? (e. ded area d d d d d d d d d d zx per	g. Wo 5 5 5 5	6 6 6 4x er ek	, whole 7 7 7 7 5-6x per	8 8 8 8 8 8	9 9 9 9 9 x x er ay	
 I do not know the brand and type 1. 2. VEGETABLES If you eat garden or other salads, mark the individual vegetables in their separate line items (e.g. mark lettuce in "Salad greens" and tomato in "Tomatoes"). For toppings such as chicken, feta, egg or olives, include in their corresponding food group section (e.g. include chicken pieces in "Poultry" section). Salad greens (e.g. lettuce, <u>raw</u> spinach, 	Never	Less than 1x per month	d type) d DE 0 DE 0 DE 0 DE 0 DE 0 PE 0	o you ea not write 1 1 1 2-3x per month	t most of e in shad 2 3 2 3 2 3 2 3 2 3 2 3	iten? (e. ded area d d d d d d d d d d d d d d d d d d d	g. Wo 5 5 5 3-4 pe we	6 6 6 6 4x er ek	, whole 7 7 7 7 5-6x per week	e whea 8 8 8 8 11 pe da	9 9 9 9 9 x x x ay	
 I do not know the brand and type 1. 2. VEGETABLES If you eat garden or other salads, mark the individual vegetables in their separate line items (e.g. mark lettuce in "Salad greens" and tomato in "Tomatoes"). For toppings such as chicken, feta, egg or olives, include in their corresponding food group section (e.g. include chicken pieces in "Poultry" section). Salad greens (e.g. lettuce, <u>raw</u> spinach, mixed greens) Cooked greens (e.g. spinach, kale, 	Never	Less than 1x per month	d type) d DE 0 DE 0 DE 0 DE 0 DE 0 A A A A A A A A A A A A A	o you ea not write 1 1 1 1 2-3x per month	t most of in shad 2 3 2 3 2 3 2 3 2 3 2 3 4 1x per week	iten? (e. ded area d d d d d d d d d d d d d	g. Wo	6 6 6 4x er ek	, whole 7 7 7 7 5-6x per week	8 8 8 8 8 11 12 per da	(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)	
 I do not know the brand and type 1. 2. VEGETABLES If you eat garden or other salads, mark the individual vegetables in their separate line items (e.g. mark lettuce in "Salad greens" and tomato in "Tomatoes"). For toppings such as chicken, feta, egg or olives, include in their corresponding food group section (e.g. include chicken pieces in "Poultry" section). Salad greens (e.g. lettuce, <u>raw</u> spinach, mixed greens) Cooked greens (e.g. spinach, kale, mustard, turnip) 	Never	Less than 1x per month	d type) d DE 0 DE 0 DE 0 DE 0 DE 0 A A A A A A A A A A A A A	o you ea not write 1 1 1 1 2-3x per month	t most of in shad 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	iten? (e. ded area d d d d d d d d d d d d d d d d d d d	g. Wo	6 6 6 4 4 x er ek	, whole 7 7 7 7 5-6x per week	e e	(at) (a) (a) (a) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	

Carrots, raw Carrots, cooked String beans, green beans

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VEGETABLES (continued)										
If you eat garden or other salads, mark the individual vegetables in their separate line items (e.g. mark lettuce in "Salad greens" and tomato in "Tomatoes"). For toppings such as chicken, feta, egg or olives,	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
include in their corresponding food group section (e.g. include chicken pieces in "Poultry" section).										
Green peas or lima beans (fresh, canned or frozen)	0			0	0	0	0	0	0	
Corn (fresh, canned or frozen)	0	0	0	0	0	0	0	0	0	0
Peppers (sweet), bell peppers	0		0	0	0	0	0	0	0	0
Broccoli, brussel sprouts (fresh or frozen)	0	0	0	0	0	0	0	0	0	0
Coleslaw prepared with mayonnaise	0	0	0	0	0		0	0	0	0
Red or green cabbage (other than coleslaw)	0	0	0	0	0	0	0	0	0	0
Beets	0	0	0	0	0	0	0	0	0	0
Eggplant	0	0	0	0	0	0	0	0	0	0
Cucumbers	0	0	0	0	0	0	0	0	0	0
Onions (other than fried onion rings)	0	0	0	0	0	0	0	0	0	0
Winter squash (e.g. butternut, acorn, hubbard)	0	0		0		0	0	0	0	0
Summer squash (e.g. yellow, zucchini)	0	0	0	0	0	0	0	0	0	0
Mushrooms	0	0	0	0	0	\bigcirc	0	0	0	0
Other vegetables (e.g. celery, radish, asparagus, okra)	0	0	0	0	0	0	0	0	0	0
If you eat salad greens, they are usually iceberg lettuce iceberg or romaine			<i>pply)</i>			◯ other	areens. r	nixed are	ens/meso	clun
J. J			•				J , .			
If you eat salad greens, your portion is u	sually cl	osest to								
□ 1/2 cup □ 1 cup			⊖ 11/2 c	ups		○ 2 cup	s or more	•		
If you eat cooked greens (e.g. spinach),	your po	rtion is u	sually cl	osest to	•••					
○ 1/4 cup ○ 1/2 cup			○ 3/4 cu	р		○ 1 cup	or more			
If you eat raw tomatoes, your portion is	usually of	closest t	o (1 cher	ry tomato	= approx	k. 1 slice d	or wedge,)		
□ 1 slice or wedge □ 2 slices of	or wedge	S	◯ 3 slice	es or wed	ges	◯ 4 slice	es or wed	ges or m	ore	
If you eat tomatoes, they are usually (ch	oose all i	that apply	/)							
If you eat cooked vegetables, these are	usually (′choose a	all that ap	olv)						
○ fresh ○ canned	2		○ frozer							
Your usual portion size for most cooked	l vegetat	oles is cl	osest to	(1 ear of	corn = 1/2	2 cun)				
○ 1/4 cup ○ 1/2 cup	regetui		○ 3/4 cu			○ 1 cup				
Do you add spreads or oils to the follow	ing item	s <u>after</u> co	ooking (a	choose al	l that app	oly) ?				
 ○ carrots ○ broccoli ○ frozen m 			○ peas○ cabba	ige		◯ coi ◯ sqi				
If you add spreads or oils to any of the p Pats/teaspoons/servings	previous	items <u>af</u>	<u>ter</u> cooki	ng, your	portion	is usuall	y			
	⊖ 8	○ 9								
,	-	-				I	Please co	ontinue c	on the ne	xt page.
			O O O			000	0	0	201	

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	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	
How often do you usually eat vegetables of any kind like those listed above cooked or raw?	0	0	0	0	0	0	0	0	0	
		Neurof	<u></u>							<u> </u>
BEANS AND STARCHY VEGETABL	.ES					51				
If you eat rice and bean dishes, include in the "Rice, Pasta and Pizza" section (not this section).	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	:
Beans (e.g. pinto, black, white, kidney, pink)	0	0	0	0	0	Q	0	0	0	
Dried peas or lentils, <u>not</u> green (e.g. cowpeas, black-eyed, or chickpeas)	0	0	\bigcirc	\bigcirc	0	0	0	0	0	
Hummus or bean dips	0	0	0	0	0	0	0	0	\circ	
Potato salad prepared with mayonnaise	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0	0	0	
Mashed or scalloped potatoes	0	0	0	0	0	0	0	0	0	
French fries or hash browns (including frozen, or from a restaurant)	0	Ò	0	0	\bigcirc	0	0	0	0	
Fast food stuffed baked potato	0	0	0	0	0	0	0	0	0	
Other potatoes (e.g. baked, boiled, roasted)	0	0	0	0	0	0	0	0	0	
Sweet potatoes, yams	0	0	0	0	0	0	0	0	0	
Plantains, green bananas	0	0	0	0	0	0	0	0	0	
D	0	0	0	0	0	0	0	0	0	1
Puerto Rican pastels										
Root crops (e.g. cassava, ñame, yautia, tannier)	0	\bigcirc	\bigcirc	0	\bigcirc	0	\bigcirc	\bigcirc	0	
Root crops (e.g. cassava, ñame, yautia,	red (choo	ose all tha			0	⊖ ○ otl		0	0	
Root crops (e.g. cassava, ñame, yautia, tannier) If you eat beans, they are usually prepar O Puerto Rican style O Haitian s	red (choo tyle other) a	ose all tha and/or pe	at apply) . refried chili as, your 11/2 c	d portion i	S	◯ ot y closest ◯ 2 d	to cups or m			
Root crops (e.g. cassava, ñame, yautia, tannier) If you eat beans, they are usually prepare Puerto Rican style Haitian s Cuban style baked If you eat beans (plain, baked, refried or 1/2 cup 1 cup If you eat root crops, these are usually (fried boiled If you eat french fries, hash browns, or f	red (choo tyle other) a choose o ried roo	ose all tha and/or pe only one) t crops, y	at apply). refried chili as, your 11/2 c bakec your port	d portion i cups d ion is us	s usually	○ oti y closest ○ 2 d ○ bo psest to .	to cups or m th fried a	nore nd boiled		
Root crops (e.g. cassava, ñame, yautia, tannier) If you eat beans, they are usually prepare Puerto Rican style Haitian s Cuban style baked If you eat beans (plain, baked, refried or 1/2 cup 1 cup If you eat root crops, these are usually (fried boiled If you eat french fries, hash browns, or f 1/2 cup (sm. order) 1 cup (m If you eat potatoes and/or root crops (ot	red (choo tyle other) a choose o ried roo ed. order	ose all tha and/or pe only one) t crops, y t) a fried), y	at apply) . c refried chili as, your 11/2 c bakec your port 0 11/2 c our porti	 portion i sups d ion is us sups (lg. c on is usu	s usually ually clo	 other closest 2 of boo boo	to cups or m th fried a cups (sup	nore nd boiled ber size)		
Root crops (e.g. cassava, ñame, yautia, tannier) If you eat beans, they are usually prepare Puerto Rican style Haitian s Cuban style baked If you eat beans (plain, baked, refried or 1/2 cup 1 cup If you eat root crops, these are usually (fried boiled If you eat french fries, hash browns, or f 1/2 cup (sm. order) 1 cup (m If you eat potatoes and/or root crops (ot 1/2 cup 1 cup	red (choo tyle other) a choose o ried roo ed. orden her than	ose all tha and/or pe only one) t crops, y r) n fried), y	at apply). refried chili as, your 11/2 c bakec rour porti 11/2 c our porti 11/2 c	portion i cups d ion is us cups (lg. c on is us cups	s usually sually clo order) ually clos	 other closest 2 of boo boo boo boo consect to 2 of 	to cups or m th fried a cups (sup	nore nd boiled ber size)		
Root crops (e.g. cassava, ñame, yautia, tannier) If you eat beans, they are usually prepare Puerto Rican style Haitian s Cuban style baked If you eat beans (plain, baked, refried or 1/2 cup 1 cup If you eat root crops, these are usually (fried boiled If you eat french fries, hash browns, or f 1/2 cup (sm. order) 1 cup (m If you eat potatoes and/or root crops (of 1/2 cup 1 cup If you eat plantains and/or green banana green, boiled/baked green, fri	red (choo tyle other) a choose o ried roo ed. orden her than as, they a ed	ose all tha and/or pe only one) t crops, y t r) a fried), y are usua	at apply). refried chili as, your 11/2 c bakec rour porti 11/2 c our porti 11/2 c liy (choos ripe, t	 portion i cups d ion is us cups (lg. c on is usu cups se all that poiled/bal	s usually cually clo order) ually clos t apply) .	 oth y closest 2 d bo bo bsest to 2 d set to 2 d 	to cups or m th fried a cups (sup	nore nd boiled ber size)		
Root crops (e.g. cassava, ñame, yautia, tannier) If you eat beans, they are usually prepare Puerto Rican style Haitian s Cuban style baked If you eat beans (plain, baked, refried or 1/2 cup 1 cup If you eat root crops, these are usually (fried boiled If you eat french fries, hash browns, or f 1/2 cup (sm. order) 1 cup (m If you eat potatoes and/or root crops (ot 1/2 cup 1 cup	red (choo tyle other) a choose o ried roo ed. orden her than as, they a ed as, your	ose all tha and/or pe only one) t crops, y t r) a fried), y are usua portion is	at apply) . c refried chili as, your 11/2 c bakec rour port 11/2 c our porti 11/2 c lly (choos ripe, k s usually	 portion i cups d ion is us cups (lg. c on is usu cups se all that poiled/bal	s usually ually clo order) ually clos tapply) . ked to	 oth y closest 2 of bo bo psest to . 2 of set to 2 of rip 	to cups or m th fried a cups (sup cups or m e, fried	nore nd boiled ber size)	equally	nore
Root crops (e.g. cassava, ñame, yautia, tannier) If you eat beans, they are usually prepare Puerto Rican style Haitian s Cuban style baked If you eat beans (plain, baked, refried or 1/2 cup 1 cup If you eat root crops, these are usually (fried boiled If you eat french fries, hash browns, or f 1/2 cup (sm. order) 1 cup (m If you eat potatoes and/or root crops (ot 1/2 cup 1 cup If you eat plantains and/or green banana green, boiled/baked green, fri	red (chood tyle other) a choose of ried roo ed. orden her than as, they a led as, your ain or 3 s	ose all tha and/or pe only one) t crops, y t crops, y are usual portion is slices usually o	at apply). refried chili as, your 11/2 c bakec rour porti 11/2 c our porti 11/2 c lly (choos ripe, t s usually 1 plar	 portion i cups d ion is us cups (lg. c on is usu cups se all that poiled/bal r closest ntain or 6	s usually cually clo order) ually clos tapply) . ked to slices	 oth y closest 2 of bo bo psest to . 2 of set to 2 of rip 	to cups or m th fried a cups (sup cups or m e, fried /2 plantai	nore nd boiled per size) nore ns or 9 sl	equally	nore

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	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat beans and										
starchy vegetables prepared any way?	0	0	0		0		0	\square	0	0

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If you eat pasta with meatballs, include the pasta in this section and the meatballs in the section "Beef, Pork, and Lamb" under the section "ground beef."	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Rice cooked with beans or pigeon peas (mixed dish)	0			0	0	0	0	0	0	
Rice with chicken, meat, and/or sausage (mixed dish)	0	0	0	0	\bigcirc	0	0	0	0	0
Other mixed dishes with rice (incl. seafood)		0								0
Fried rice (incl. Chinese style)	\bigcirc	\bigcirc	\bigcirc	0	0	0	0	0	0	0
Flavored rice (e.g. Rice-a-Roni, Spanish, rice pilaf)	0	0	0	0	0	0	0	0	0	0
Plain white rice	0	0	0	0	0	0	0	0	0	0
Plain brown rice		0.	Ox	0	0	. 0	0	0	0	0
Plain parboiled or converted rice (e.g. Uncle Ben's)	0	0	0	0	0	0	0	0	0	0
Pasta (e.g. spaghetti, macaroni, linguini)	0	0	0	0	0	0	0	0	0	0
Pasta mixed dishes (e.g. lasagna, ravioli, baked ziti)	0	0	0	0		0	0	0	0	0
Lo mein or rice noodles (incl. Chinese style)	\bigcirc	0	\bigcirc	0	0	0	0	0	0	0
Macaroni salad, pasta salad	\bigcirc	0	\bigcirc	\bigcirc	0	0	0	0	0	0
Mexican foods (e.g. burritos, tacos, tamales, enchiladas)	0	0.1	Oxt	0	0	0	0	0	0	0
Pizza	\bigcirc	\bigcirc	\bigcirc	0	0	0	0	0	0	0
Eggrolls, "empanadillas", meat pies, or other fritters	0	0	0	0		0	0	0	0	0

When you eat mixed rice	dishes, it is usually made	with parboiled rice	
If you eat mixed dishes r	nade with rice, your portio	on is usually closest to	○ 4 cups or more
If you eat plain, fried or f	lavored rice, your portion	(cooked) is usually closest to .	 ○ 2 cups or more
If you eat pasta, they are white flour	-	☐ a whole wheat blend (e.g. Ro	onzoni Healthy Harvest)
If you eat pasta or mixed	pasta dishes (e.g., lasagr	na), your portion is usually clos	est to
○ 1 cup	○ 2 cups	◯ 3 cups	☐ 4 cups or more
What type of sauce do yo	ou usually eat with your p	asta (choose all that apply)	
plain (no sauce)	 butter and/or olive oil 	 tomato sauce 	tomato and meat sauce
○ clam sauce	pesto sauce	○ cream sauce	\bigcirc cheese sauce (e.g., macaroni and cheese)
		II. (Boltsem, Ibni) Ang to Bed O O O O O O O O O O O Do Not Write in this Area	0201

RICE, PASTA AND PIZZA (continued	d)			1997 (1997) 1997 (1997)					
you eat macaroni salad or pasta salad ⊃ 1/2 cup □ 1 cup	, your po		usually o /2 cups	closest to	o	○ 2 cup	os or mor	e	
you eat Mexican foods, they are usual	ly (choos	se all that C tai		•		⊖ ench	iladas		◯ ques
	19								
you eat Mexican foods (incl. burritos, t	acos, ta	males, e		s), your p	portion I	-	closest ch or mor		
i you eat pizza, it is usually … ⊃ plain cheese	+		() wi	th vegeta	bloc	0	with yoo	otablas (and meat
			U WI	in vegeta	DIES		with veg	letables a	inu meat
you eat pizza, your portion is usually o	closest t	o (1 slice	= 1/8 of a	a large pi	zza)				5
☐ 1 slice ○ 2 slices			○ 3 :		,	\bigcirc	4 slices	or more	
you eat eggrolls and/or empanadillas,	meatpie	es or fritte	ers, your	portion	is usual	-			
□ 1 each □ 2 each			○ 3 (each		C	4 each o	or more	
									101111
SUMMARY QUESTIONS						1			
		Less							
	Never	than 1x per	1x per	2-3x per	1x per	2x per	3-4x per	5-6x per	1x per
		month	month	month	week	week	week	week	day
How often do you usually eat rice of any									
kind prepared in any way?	0	0	0	0	0	0	0	0	0
BEEF, PORK AND LAMB									
If you eat rice and beef/pork dishes, include them in the "Rice, Pasta and Pizza" section (not this section). For homemade burgers, include the meat in this section, and include the bun or roll in the "Bread" section. For fast food burgers, include the whole item in this section.	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day
Fast food burgers	0	0	0	0	0	0	0	0	0
Ground beef (including homemade beef patty, meatballs, and/or meatloaf)	0	0	0	0	0	0	0	0	0
Mixed dishes with beef (e.g. beef stew,									
pot pies)	0	0	0	\bigcirc	0	0	0	0	0
Beef: steak or roast	0	0	0	0	0	0	0	0	0
Pork: chops or roast	0	0	0	0	0	0	0	0	0
Mixed dishes with pork	\bigcirc	0	0	0	0	0	0	0	0
Ham (not including cold cuts/ luncheon			ing a second	0000000		10000	100000		
meat)	0	0	0	0	0	0	0	0	0
Ribs: beef or pork	0	0	0	0	0	0	0	0	0
Lamb	0	0	0	0	0	0	0	0	0
Liver (beef) Other organ meats (e.g. tongue, kidney,	0	0	0	0	0	0	0	0	0
			A STATE OF A	and the second		1			1

SUMMARY QUESTIONS	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2∔x per day
How often do you usually eat rice of any										
kind prepared in any way?	0	0	0	0	0	0	0	0	0	0

If you eat rice and beef/pork dishes, include them in the "Rice, Pasta and Pizza" section (not this section). For homemade burgers, include the meat in this section, and include the bun or roll in the "Bread" section. For fast food burgers, include the whole item in this section.	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Fast food burgers	0	0	0	0	0	0	0	0	\bigcirc	0
Ground beef (including homemade beef patty, meatballs, and/or meatloaf)	\bigcirc	0	\bigcirc	\bigcirc	0	0	0	0	0	0
Mixed dishes with beef (e.g. beef stew, pot pies)	0	0	0	0	0	0	0	0	0	0
Beef: steak or roast	0	0	0	0	0	0	0	0	0	0
Pork: chops or roast	0	0	0	0	0	0	0	0	0	0
Mixed dishes with pork	0	0	0	0	0	0	0	0	0	0
Ham (<u>not</u> including cold cuts/ luncheon meat)	0	0	0	\odot	0	0	0	0	0	0
Ribs: beef or pork	0	0	0	0	\bigcirc	0	0	\bigcirc	0	\bigcirc
Lamb	0	0	0	0	0	0	0	0	0	0
Liver (beef)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	0	\bigcirc	\bigcirc
Other organ meats (e.g. tongue, kidney, chitterlings, "cuajito" and "gandinga" dishes)	0	0	0		0	0	0	0	0	0

If you eat fast food burgers, they are usually ...

○ regular single burger ○ double or 1/4 pound burger

○ Whopper

○ Big Mac

○ cheese burger

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○ double or 1/4 pound burger w/cheese

○ Whopper w/cheese

If you eat homemade patties and/or ground beef or pork (incl. meatloaf), the meat is usually ...

🔿 regular 👘 :

🔿 lean

🔿 extra lean

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BEEF, PORK AND LAMB (continued	d)									
If you eat homemade patties and/or gro								or 12 ou	nces or r	nore
If you eat mixed dishes made with beef American style				you usua uban style			<i>oose all ti</i> Haitian s)	
If you eat mixed dishes made with beef 1 cup 2 cups	or pork,	your por		sually clo cups			4 cups c	r more		
If you eat beef, pork or lamb, your portion		ally clos		dible por ounces	tion) (3			<i>e of a de</i> s or more		ds)
If you eat liver and/or other organ meats		ortion is	-	closest to ounces	0	0	8 ounce	s or more		
SUMMARY QUESTIONS										
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat beef, pork or lamb prepared any way?	0	0	0	0	0	0	0	0	0	0
or fame propared any may.	<u> </u>			<u> </u>				0		
POULTRY	Trains Bar									
If you eat chicken in mixed dishes with rice, include these dishes in the "Rice, Pasta and Pizza" section (not this section). For homemade chicken/turkey burgers or chicken salad, include the meat in this section, and include the bun or roll in the "Bread" section. For fast food chicken burgers/sandwiches, include the whole item in this section.	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Fast food chicken sandwich	0	0	0	0	0	0	0	0	0	0
Ground chicken/turkey (including homemade patty, meatballs, and/or meatloaf)	0	0	0	0	\sim	0		0	0	0
Mixed dishes made with chicken (e.g. pot										
pie, chicken and dumplings, chicken stew)	0	0	0	0	0	0	0	0	0	0
Chicken or turkey: roasted, broiled, grilled, baked	0	0	\bigcirc	\bigcirc	0	0	0	0	0	\odot
Fried chicken (including fast food	0	0	0	0	0		-	0	-	
nuggets, KFC) Chicken or turkey salad prepared	0	0	0	0	0	0	0	0	0	0
with mayonnaise Liver (chicken)	0	0	0	0	0	0	0	0	0	0
If you eat homemade patties and/or grou 1 small patty or 3 ounces 1 med. p If you eat mixed dishes made with chick American style Puerto F If you eat other mixed dishes made with 1/2 cup 1 cup	und chic atty or 6 cen/turke Rican styl	ken/turko ounces ey, you us e n/turkey (ey (incl. i 1 lg. p sually pro Cuba	meatloaf patty or 9 epare it (n style at pie), yo), your p ounces áchoose a	ortion is 2 me all that ap Haitia on is usu	usually (d. patties <i>ply)</i> an style	or 12 our	o nces or m	
							Please c	ontinue	on the n	ext page.
				000 THIS AREA		000		O	201	ing son () to the

Sec. 1 - 24 Tool and Rent aux) 196 Sale of Lines. the second 1000 and the second second 9.91 1000 Sec. 2 No. He base 0.00 and the second 1. ale series 200 APR -1000 Barry (I and the second 1 Car and and the second 200 1 202 and the second s and some Sec. 1 Columb No.

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 2 ounces (1 drumstick If you eat chicken salad, 	(or thigh)				lly close: t or 1 who			ion) 6 ounce:		8 ounces	orr
 1/2 cup If you eat chicken liver, y 1 ounce 	○ 1 cup	drumstic usually c usually c	k & thigh) losest to) (<i>1/2 cup</i> () 11/2 c	<i>prepared</i> cups	= aprox.	1/2 of a 6	S oz. can a os or more	& 2 tbsp. n		
SUMMARY QUESTIC	ONS										
		Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2. p di
How often do you usuall	ly eat poultry	0	0	0	_	_	-		0	0	
prepared any way?		0	0	0	0	0	0	0	0	0	
FISH											
		Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2 p d
Fast food fish sandwich		0	0	0	0	0	0	0	0	0	(
Shellfish, fried (e.g. fried scallops)	•	0	0	0	0	\bigcirc	0		0	0	(
Shellfish, not fried (e.g. lo shrimp, clams)		0	0	0	0	0	0	0	0	0	(
Fish, fried (e.g. battered		0	0	0	0	0	0	0	0	0	(
Salmon or trout (fresh o Tuna or marlin (fresh or o		0	0	0	0	0	0	0	0	0	0
salad)	<u>not</u> tana	0	\bigcirc	0	\bigcirc	\bigcirc	0	0	0	0	(
Tuna salad (incl. in a sar or wrap)	ndwich, sub	0	0	0	0	0	0	0	0	0	0
Bacaloa (salted cod fish	1)	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	0	0	0	0	(
Sardines or anchovies		0	0	0	0	0	0	0	0	0	(
Other fish, not fried (e.g grouper, halibut, cod, ha mahi mahi)		0	0	\bigcirc	\bigcirc	\bigcirc	0		0	\bigcirc	C

SUMMARY QUESTIONS										
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
How often do you usually eat fish prepared any way?	0	0	0	0	0	0	0	0	0	0

PROCESSED MEAT, SAUSAGE AN	D BAC	ON			States of				State State	Salar Salar
If you eat luncheon meat or hot dogs, include the meat in this section, and include the bun or roll in the "Bread" section.	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Chicken or turkey cold cuts (luncheon meat)	0	0	0	0	0	0	0	0	0	0
Roast beef cold cuts (luncheon meat)	0	0	0	0	0	0	0	0	0	0
Ham cold cuts (luncheon meat)	0	0	0	0.	0	0	0	0	0	0
Other luncheon meats (e.g. Salami, Bologna, Corned beef)	0	0	0	0	0	0	0	0		0
Spam, prepared any style	0	0	0	0	0	0	0	0	0	0
Hot dogs	0	0	0	\bigcirc	\bigcirc	0	0,	0	0	0
Sausage (not breakfast type)	0	0	0	0	\bigcirc	0	Õ	0	0	0
Breakfast sausage	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
Bacon, beef jerky	0	0	Opd	0	0	0	O	0	0	0
regular lean/low Do you add cheese to your luncheon never sometime	meat sa	ndwiche	 extra es? often 			⊂ fat	free			
f you eat luncheon meat, your portion 1 slice 2 slices	n is usu	ally clos	est to 3 slic			○ 4 9	slices or I	more		
f you eat hot dogs, bacon and/or sau	sage the	ey are us		en or turk	ey					
f you eat hot dogs and/or sausage yo 1 each 2 each	our porti	on is us	ually clo ○ 3 ead			○ 4 eac	h or mor	е		
f you eat bacon beef jerky and/or bro	eakfast	ansade	vour no	ortion is	usually	closest	to			

If you eat bacon, beef jerky and/or breakfast sausage, your portion is usually closest to ... 2 slices or pieces ○ 4 slices or pieces or more

$\bigcirc 1$	S	lice	or	piece	
--------------	---	------	----	-------	--

○ 3 slices or pieces

CONDIMENTS Less 2+x than 1x 2-3x 1x 2x 3-4x 5-6x 1x Never 1x per per per per per per per per per week month month month week week day week day Mayoketchup (mayonnaise and ketchup blend) Mayonnaise or tartar sauce (added to sandwiches or used as dip) Salad dressing Soy sauce, teriyaki sauce, barbeque sauce Ketchup Mustard Sauerkraut Pickles, relish, horseradish Olives Garlic, fresh or powder

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n an	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2-i pe da
Sweet & sour sauce, duck sauce	0	0	0	0	0	0	0	0	0	C
Salsa (Mexican style)	0	0	0	0	0	0	0	0	0	C
Hot peppers (e.g. jalapeño)	0	0	0	0	0	0	0	0	0	(
Green tomato or green chile sauce	0	0	0	0	0	0	0	0	0	(
Gravy or white sauce (on meat, potatoes, rice and/or biscuits)	0	0	0	0	0	0	0	0	0	(
Lemon, lime: wedge or juice	0	0	0	0	\bigcirc	O	0	0	0	(
Herbs, fresh or dried (e.g. cilantro)	0	0	0	\bigcirc	0	0	0	0	0	(
Cinnamon	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0	0	0	(
"Adobo"	0	0	0	0	0	0	0	0	0	
 1 tablespoon 2 tables f you use salad dressing, it is usually . creamy clear If you use salad dressing, it is usually . regular reduced 			 both fat free 	espoons		 → + tab 	lespoons	or more		
If you use salad dressing, your portion		ly closes								
 ☐ 1 tablespoon ☐ 2 tables If you use sauces, ketchup, mustard ar ☐ 1 tablespoon ☐ 2 tables 	spoons nd/or relis spoons	sh, your	 3 tab 3 tab 3 tab 	lespoons	closest	to ○ 4 tab	lespoons	or more		
 1 tablespoon 2 tables 2 tables 	poons nd/or relis poons ppers an poons portion is	sh, your id/or duc	 3 tab 3 tab 3 tab k sauce, 3 tab 	s usually lespoons your por lespoons	closest tion is u	to 4 tab sually cl 4 tab	olespoons	or more		
 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 2 tables 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 2 tablespoon 2 tablespoon 1 tablespoon 1 tablespoon 1 tablespoon 2 tablespoon 1 tablespoon 1 tablespoon 2 tablespoon 1 tablespoon 2 tablespoon <li< th=""><th>spoons nd/or relis spoons eppers an spoons portion is ou use m</th><th>sh, your Id/or duc usually</th><th> 3 tab 3 tab 3 tab k sauce, 3 tab 3 tab closest t 3/4 c </th><th>s usually lespoons your poi lespoons o</th><th>closest tion is ι</th><th>to 4 tab sually cl 4 tab 4 tab</th><th>lespoons losest to blespoons</th><th>or more</th><th></th><th></th></li<>	spoons nd/or relis spoons eppers an spoons portion is ou use m	sh, your Id/or duc usually	 3 tab 3 tab 3 tab k sauce, 3 tab 3 tab closest t 3/4 c 	s usually lespoons your poi lespoons o	closest tion is ι	to 4 tab sually cl 4 tab 4 tab	lespoons losest to blespoons	or more		
 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 1 tablespoon 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 2 tablespoon 1 tablespoon 2 tablespoon 1 tablespoon 2 tablespoon 1 tablespoon <	poons d/or relis poons portion is ou use m	sh, your Id/or duc usually	 3 tab 3 tab 3 tab k sauce, 3 tab closest t 3/4 c 	s usually lespoons your poi lespoons o	closest tion is ι	to 4 tab sually cl 4 tab 4 tab	lespoons losest to blespoons	or more	1x per day	
 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon <	poons d/or relis poons ppers an poons portion is pu use m Never	sh, your p od/or duc usually ostly Less than 1x per month	 3 tab 3 tab 3 tab 3 tab k sauce, 3 tab closest t 3/4 c both 1x per month 	s usually lespoons your poo lespoons o up 2-3x per month	tion is u	to 4 tab sually cl 4 tab 1 cu	olespoons olespoons p or more 3-4x per week	s or more or more	per day	
 1 tablespoon 2 tables 1 tablespoon 1 tablespoon<td>spoons ad/or relis spoons appers an spoons bortion is bu use m Never</td><td>sh, your p od/or duc usually ostly Less than 1x per month</td><td> 3 tab 3 tab 3 tab 3 tab k sauce, 3 tab closest t 3/4 c both 1x per month </td><td>2-3x per month</td><td>tion is t</td><td>to 4 tab sually cl 4 tab 4 tab 1 cu</td><td>olespoons olespoons p or more 3-4x per week</td><td>s or more s or more 5-6x per week</td><td>per day</td><td></td>	spoons ad/or relis spoons appers an spoons bortion is bu use m Never	sh, your p od/or duc usually ostly Less than 1x per month	 3 tab 3 tab 3 tab 3 tab k sauce, 3 tab closest t 3/4 c both 1x per month 	2-3x per month	tion is t	to 4 tab sually cl 4 tab 4 tab 1 cu	olespoons olespoons p or more 3-4x per week	s or more s or more 5-6x per week	per day	
 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 1 tablespoo	spoons ad/or relis spoons appers an spoons oortion is ou use m Never	sh, your p od/or duc usually ostly Less than 1x per month	 3 tab 3 tab 3 tab k sauce, 3 tab closest t 3/4 c both 1x per month 	s usually lespoons your pool lespoons o up 2-3x per month	tion is t	to 4 tab sually cl 4 tab 1 cu 2x per week	olespoons olespoons p or more 3-4x per week	s or more s or more 5-6x per week	per day	
 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 1 tablespoon<td>spoons ad/or relis spoons appers an spoons ortion is ou use m Never</td><td>sh, your p od/or duc usually ostly Less than 1x per month</td><td> 3 tab 3 tab 3 tab 3 tab k sauce, 3 tab closest t 3/4 c both 1x per month 0 </td><td>s usually lespoons your por lespoons o up 2-3x per month</td><td>tion is t</td><td>to 4 tab sually cl 4 tab 1 cu 2x per week</td><td>olespoons olespoons p or more 3-4x per week</td><td>s or more</td><td>per day</td><td></td>	spoons ad/or relis spoons appers an spoons ortion is ou use m Never	sh, your p od/or duc usually ostly Less than 1x per month	 3 tab 3 tab 3 tab 3 tab k sauce, 3 tab closest t 3/4 c both 1x per month 0 	s usually lespoons your por lespoons o up 2-3x per month	tion is t	to 4 tab sually cl 4 tab 1 cu 2x per week	olespoons olespoons p or more 3-4x per week	s or more	per day	
 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 1 tablespoon 1 tablespoon 2 tables 1 tablespoon 1 tablespoo	spoons ad/or relis spoons appers an spoons ortion is ou use m Never	sh, your p od/or duc usually ostly Less than 1x per month	 3 tab 3 tab 3 tab 3 tab k sauce, 3 tab closest t 3/4 c both 1x per month 	s usually lespoons your pool lespoons o up 2-3x per month	tion is t	to 4 tab sually cl 4 tab 1 cu 2x per week	olespoons olespoons p or more 3-4x per week	s or more s or more 5-6x per week	per day	

and the

	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
		Never than 1x per month	Never than 1x 1x per per month month	Never than 1x per month 1x per month 2-3x per month	Never than 1x per month 1x per month 2-3x per month 1x per month	Neverthan 1x per month1x per month2-3x per per month1x per per week2x per per week	Neverthan 1x per month1x per per month2-3x per per per month1x per per week2x per per week	Neverthan 1x per month1x per per month2-3x per per month1x per per week2x per per week3-4x per per per week	Neverthan 1x per month1x per per month2-3x per per month1x per per week2x per per week3-4x per per week5-6x per per day

Chilling of

Ser of L

If you eat homemade or home-style soup, with or without meat, your portion is usually closest to ...1 cup2 cups3 cups4 cups or more

 If you eat canned or instant soup, your portion (prepared amount) is usually closest to ...

 1/2 cup
 1 cup
 11/2 cups
 2 cups or more

DAIRY PRODUCTS AND EGGS	Sec. Contraction	A Contraction of the second	A Share				and the second second second			
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Milk, plain (including soymilk; as								and the second		
beverage, not in cereal or coffee/tea)	0	0	0	0	0	0	0	0	0	0
Chocolate or flavored milk	0	0	0	0	0	0	0	0	0	0
Cheese, hard (e.g. cheddar, parmesan, swiss)	0	0	0	0	0	0	0	0	0	0
Cheese, soft (e.g. mozzarella, brie, farmer's style)	0	\bigcirc	0	\bigcirc	0	0	0	0	\bigcirc	
Cheese, processed (American slices, Velveeta)	0	0	0	0	0	0	0	0	0	0
Cheese spreads or dips, or sour cream	0	0	0	0	0	0	0	0	0	0
Cottage cheese, fresh or farmers	0	0	0	0	0	0	0	0	0	0
Yogurt (not frozen)	0	\bigcirc	\bigcirc	0	0	0	0	0	0	\bigcirc
Eggs (e.g. soft or hard-boiled)	0	0	0	0	0	0	0	0	0	0
Eggs (e.g. fried, scrambled, omelets)	0	\bigcirc	0	0	0	0	0	0	0	0
Egg salad (incl. in a sandwich, sub or wrap)	0	0	0	0	0	0	0	0	0	0
Fast food egg sandwich	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\sim
If you drink milk and/or flavored milk, it skim/nonfat or 1% 2% If you drink milk and/or flavored milk, you 4 fl. ounces 8 fl. ounce	our porti	⊖ wł		sest to (8	soymilk 8 fl. ounce			se-free (e r more	.g. Lactai	d)
If you eat cheese, it is usually	ced fat		nonfa	ıt/fat free						
If you eat cheese, your portion is usuall 1 slice or 2 tablespoons 3 tablespoons	or		3 slic4 tab	es or lespoons		4 slic5 tab	es or lespoons	or more		
If you eat cottage cheese, your portion	is usuall	y closesi	t to 〇 3/4 cu	qı		1 cup	o or more			
If you eat yogurt, it is usually regular I low/redu	ced fat		○ nonfa	ut/fat free	91. [5]		no sugar Please c e		on the ne	ext page.

fuell act and your parti		alaaaat t	2	○ 11/2 0	cups		○ 2 cup	s or more	9		
f you eat eggs, your portio ○ 1 egg	○ 2 eggs	CIOSESLI	0	○ 3 egg	IS		◯ 4 egg	js or mor	е		
f you eat egg salad, your ○ 1/4 cup	portion is usu	ally clos	est to	○ 3/4 cu	ıp		○ 1 cup	o or more	n daarii aalaan		
DESERTS AND SWEE	TS										
		Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Fast food shakes		0	0	0	0	0	0	0	0	0	0
Ice cream		0	0	0	0	0	0	0	0	0	0
Frozen yogurt		0	0	0	0	0	0	0	0	0	0
Sherbet		0	0	0	0	0	0	0	0	0	0
Jell-O, sorbet, popsicles		0	0	0	0	0	0	0	0	0	0
Pudding, custard (flan), ch	eesecake	0	0	0	0	0	0	0	0	. · O ·	0
Doughnuts, Danish		0	0	0	0	0	0	0	0	0	0
Cookies (homemade or streeg. Oreos, Chips-A-Hoy)		0	0	0	0	0	0	0	0	0	0
Quick breads, muffins (e.g blueberry or bran muffin)		0	0	0	0	0	0	0	0	0	0
Cakes, brownies, sweet ro		0	0	0	0	0	0	0	0	0	0
Sweet potato pie, pumpkir	and the work and a second state of the second state of the second state of the second state of the second state	0	0	0	0	0	0	0	0	0	0
Fruit pies, cobblers, crisps fast food pies)	(including	0	0	0	0	0	0	0	0	0	0
Chocolate candy		0	0	0	0	0	0	0	0	0	0
Other candy		0	0	0	0	0	0	0	0	0	0
Jelly, jam, honey, syrup		0	0	0	0	0	0	0	0	0	0
If you eat ice cream, froze ○ regular	n yogurt and/ light/low		ng, it is u	□ fat fre			⊖ suga	r-free/no	sugar ado	led	
f you eat ice cream, froze 1/2 cup	n yogurt, she 1 cup	rbet, Jell	-O and/o	r puddin 0 11/2 (ortion is	-	closest f			
	r portion is us		esest to .	 🗆 3 dou	Ighnuts		◯ 4 dou	ughnuts c	or more		
 1 doughnut f you eat cakes, cookies, 	sweet rolls ar ◯ lowfat	nd/or mu	ffins, the	y are us ı O fat fre	-		Sugar	r-free/no	sugar ado	led	
 1 doughnut f you eat cakes, cookies, regular f you eat quick bread or magnetic bread o	 lowfat nuffins, your 	portion is	s usually	 fat fre closest 	e to		0		0	led	
If you eat doughnuts, your 1 doughnut If you eat cakes, cookies, regular If you eat quick bread or n small muffin or 1 piece	O lowfat	oortion is muffin or	s usually	 fat fre closest 	to … muffin or		○ 2 me		ffins or	led	
 1 doughnut f you eat cakes, cookies, regular f you eat quick bread or n small muffin or 	 lowfat nuffins, your medium 2 pieces 	muffin or muffin or lly close	s usually , st to (1 n	 fat fre closest large 3 pied 	to muffin or ces	oprox. 2	○ 2 me 4 pie 1/4 dia)	dium mut ces or mo	ffins or		ore

DESERTS AND SWEETS (continue	d)									
f you eat chocolate and/or candy, it is u ⊃ regular	-		1							
f you eat chocolate, it is usually			⊖ dark							
	candy, y regular ba ickage			○ 11/2 r	egular ba			bars or pa	ackages d	or
f you use jelly, jam, honey, and/or syru	-				o				ons or mo	re
SNACKS AND NUTS						and the second	1000		Carden and	
	Never	Less than 1x per month	1x per month	2-3x per month	1x per week	2x per week	3-4x per week	5-6x per week	1x per day	2+x per day
Potato chips (all types)	0	0	0	0	0	0	0	0	0	0
Crackers, matzo	0	0	0	0	0	0	0	0	0	0
Tortilla chips, corn chips (including Doritos, Fritos)	0	0	0	0	0	0	0	0	0	0
Popcorn	0	0	0	0	0	0	0	0		0
Pretzels	0	0	0	0	0	0	0	0	0	0
Coconut meat, dried and sweetened	0	0	0	0	0	0	0	0	0	0
Nuts and seeds (incl. peanuts, walnuts, cashews, pistachios, sunflower seeds)	0	0	0	0	0	0	0	0		0
Peanut butter	0	0	0	0	0	0	0	0	0	0
1 ounce 2 ounces you eat popcorn, it is usually lowfat regular (with the second	h butter c	or oil)	3 ourmovie	nces e theater	style	⊖ 4 our	nces or m	ore		
you eat popcorn, your portion is usua ⊃ 1 cup		st to	○ 5 cup	0S		71/2 or mo		nicrowave	bag)	
you eat crackers, your portion is usua ⊃ 3 crackers ○ 6 crackers	ally close	est to	○ 9 cra	ckers		○ 12 cr	ackers or	more		
f you eat nuts, they are usually (choose peanuts pistachios cashews almonds walnuts pine nuts	all that a	apply)	○ peca○ mixed			○ sunflo○ trail n	ower see nix	ds		
f you eat nuts and/or seeds, your portio ⊃ 1 tablespoon			s) is usua ○ 3 tab			<i>tablespoc</i> ○ 4 tab			nce)	
f you eat peanut butter, your portion is ⊇ 2 tablespoons □ 4 tablespoo		closest t		lespoons		○ 8 tab	lespoons	or more		
f you eat snacks, they are usually ⊃ regular	at		○ fat fre	96		◯ low c	arb			
							-			
			- 15 -		•			continue		ext page.

Orange juice (100% juice, Grapefruit juice (100% ju Tomato or vegetable juic Grape juice (100% juice Apple juice (100% juice)			month	month	per week	per week	per week	per day	per day	per day	
Grapefruit juice (100% ju Tomato or vegetable juic Grape juice (100% juice Apple juice (100% juice)		0	0	0	0	0	0	0	0	O	
Tomato or vegetable juic Grape juice (100% juice Apple juice (100% juice)	uice)	0	0	0	0	0	0	0	0	0	Ι
Grape juice (100% juice Apple juice (100% juice)		0	0	0	0	0	0	0	0	0	Γ
Apple juice (100% juice)		0	0	0	0	0	0	0	0	0	Τ
		0	0	0	0	0	0	0	0	0	T
Cranberry juice (including cocktail)	g cranberry juice	0	0	0	0	0	0	0	0	0	
Nectars (e.g. peach, pear	r. guava. mango)	0	0	0	0	0	0	0	0	0	T
Other 100% fruit juices a		0	0	0	0	0	0	0	0	0	T
Fruit drinks (e.g. Sunny Crystal Light, lemonade,	Delight, Hi-C,	0	0	0	0	0	0	0	0	0	
) Soft drinks, regular (e.g. c ale)		0	0	0	0	0	0	0	0	0	T
Sports drinks (e.g. Gator	rade Powerade)	0	Ō	Ō	0	Ō	Ō	ō	ō	0	t
Energy drinks (e.g. Red		0	0	0	0	0	0	0	0	0	t
Non-alcoholic beer (e.g.		Ō	Ō	ō	Ō	ō	ō	ō	Ō	Ō	t
Meal replacement bever (e.g. Slim-Fast, Atkins)		0	0	0	0	0	0	0	0	0	ľ
Water (including tap, filte	ered bottled)	0	0	0		0	0	0	6	0	+
 4 fl. ounces 4 fl. ounces you drink fruit flavored regular If you drink soft drinks, 		ces sports o orie/suga	r energy r free	 ☐ 12 fl. drinks, i 	ounces		0	16 fl. ou	<i>0)</i> nces or n	nore	
 4 fl. ounces If you drink fruit flavored regular If you drink soft drinks, regular If you drink soft drinks, 	8 fl. ound d drinks and/or Low-calc it is usually (cho diet	ces sports o prie/suga pose <u>only</u> they are	r energy r free (one) usually (○ 12 fl. drinks, in (choose an ○ other) 	ounces t is usua ull that ap	lly (choo ply)	⊃ se <u>only</u> o	16 fl. ou		e non-co	
 4 fl. ounces If you drink fruit flavored regular If you drink soft drinks, regular If you drink soft drinks, cola If you drink soft drinks at is usually closest to (1 context) 8 fl. ounces 	 8 fl. ound d drinks and/or Low-cald it is usually (chd diet regular or diet, fl caffeine- and/or other cold can = 12 fl. ounce 12 fl. our 	they are offices cola they are free cola d bevera cos cos cos cos cos cos cos cos cos cos	r energy r free (<i>one</i>) usually (nges (inc kes, they	 12 fl. drinks, i drinks, i other (e.g. l luding from 16 fl. y are usu stand 	ounces t is usua all that ap caffeinat Mountain uit drinks ounces ally lard, bala	lly (choo ply) ed non-c Dew) s, sports	⊂ se <u>only</u> o ola ⊂ drinks), ⊂	16 fl. ou ne) other ca (e.g. 7-L your po 24 fl. ou	nces or n Iffeine-fre Jp, orang	e non-co e, ginger fore addi nore	a in
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How often do you usually drink fruit drinks		Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+x per day
hat are not 100% fruit juice? COFFEE, TEA AND COCOA (Please note that the frequency headings are different) COFFEE, TEA AND COCOA (Please note that the frequency headings are different) COFFEE, TEA AND COCOA (Please note that the frequency headings are different) Corfee (all types)	How often do you usually drink fruit juice?	0	0	0	0	0	0	0	0	0	0
daw often do you usually drink soft drinks	How often do you usually drink fruit drinks										
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Idi chocolate, cocoa Image: Cocoa		Never									
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you drink coffee, it is usually (choose all that apply) regular decaffeinated café con leche pre-sweetened coffee drinks (e.g. Colado, Dunkin Donuts' Coffee Coolatta, Starbucks' Frappuccino) you drink tea (hot or iced), it is usually (choose all that apply) black, regular herbal bottled or powdered iced tea, pre-sweetened (not fresh brewed) black, regular herbal bottled or powdered iced tea, un-sweetened or diet (not fresh brewed) black, decaffeinated green bottled or powdered iced tea, un-sweetened or diet (not fresh brewed) you drink hot chocolate or cocoa, your portion is usually closest to Small (6 fl. ounces Extra Large (24 fl. ounces or 34 cups) or 3 cups) or more you drink coffee or tea, your portion (including milk/cream) is usually closest to extra large (18 fl. ounces or 3 cups) or more you add sugar to coffee and/or tea, it is usually (indicate if sugar is for coffee and/or tea by marking below selection) 1 teaspoon 2 teaspoons 3 teaspoons 4 teaspoons or more 1 use artificial sweetener offee coffee coffee coffee coffee coffee it da suppon 2 teaspoons 3 teaspoons 4 teaspoons or more 1 use artificial sweetener ocoffee coffee coffee coffee coffee </td <td></td>											
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Please	continue	on the	next	page.
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ALCOHOLIC BEVERA		Never	Less than 1x per month	1-3x per month	1x per week	2-4x per week	5-6x per week	1x per day	2-3x per day	4-5x per day	6+ pe da
Beer		0	0	0	0	0	0	0	0	0	C
Wine coolers		0	0	0	0	0	0	0	0	0	C
Wine (all types)		0	0	0	0	0	0	0	0	0	C
Mixed drinks (piña colada, rum & coke)	, gin & tonic,	0	0	0	0	0	0	0	0	0	C
Other alcohol (e.g. whiske brandy, rum; straight up or		0	0	0	0	0	0	0	0	0	C
f you drink beer or wine o 1 can or bottle f you drink wine, it is usu	2 cans o ally (choose all	or bottles		 ○ 3 car 	to (1 can is or bott	or bottle es	= 12 fl. o 4	<i>unces)</i> cans or b	ottles or	more	
◯ red	white			\bigcirc rose							
f you drink wine, your po 1 glass If you drink mixed drinks 1 drink SUMMARY QUESTION	 2 glasse and/or other a 2 drinks 	es alcohol, y	your port	○ 3 gla tion is us ○ 3 drir	sses sually clo nks	esest to (′1 drink = ○ 4	glasses o <i>11/2 fl. o</i> u drinks or	unces or	1 shot)	•
 1 glass If you drink mixed drinks 1 drink SUMMARY QUESTION 	 2 glasse and/or other a 2 drinks NS (Please not 	es alcohol, y ote that Never	your port	○ 3 gla tion is us ○ 3 drir	sses sually clo nks	esest to (′1 drink = ○ 4	11/2 fl. o	unces or	1 shot) 4-5x per day	6 p d
 1 glass If you drink mixed drinks 1 drink 	 2 glasse and/or other a 2 drinks NS (Please not 	es alcohol, y ote that	your port the frequ Less than 1x per	 3 gla 3 drin a drin	sses sually clo hks adings a 1x per	esest to (are differ 2-4x per	(1 drink = 0 4 ent) 5-6x per	11/2 fl. or drinks or 1x per	2-3x per	4-5x per	6- p d
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 1 glass If you drink mixed drinks 1 drink SUMMARY QUESTION How often do you usually 	 2 glasse and/or other a 2 drinks NS (Please not 	es alcohol, y ote that Never	the freque Less than 1x per month	 3 gla 3 drin 3 drin 1-3x per month 	sses sually clo hks adings a 1x per week	are differ 2-4x per week	(1 drink =	11/2 fl. or drinks or 1x per day	2-3x per day	4-5x per day	6. p d
 1 glass f you drink mixed drinks 1 drink SUMMARY QUESTION How often do you usually beverages? 	 2 glasse and/or other a 2 drinks NS (Please not 	es alcohol, y ote that Never	the freque Less than 1x per month	 3 gla 3 drin 3 drin 1-3x per month 	sses sually clo hks adings a 1x per week	are differ 2-4x per week	(1 drink =	11/2 fl. or drinks or 1x per day	2-3x per day	4-5x per day	6- p d
 1 glass f you drink mixed drinks 1 drink SUMMARY QUESTION How often do you usually beverages? 	 2 glasse and/or other a 2 drinks NS (Please not 	es alcohol, y ote that Never	the freque Less than 1x per month	 3 gla 3 drin a drin a constraint a constraint a constraint a constraint 	adings a 1x per week	are differ 2-4x per week	(1 drink =	11/2 fl. or drinks or 1x per day	2-3x per day	4-5x per day	6- p da
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 1 glass f you drink mixed drinks 1 drink SUMMARY QUESTION How often do you usually beverages? 	 2 glasse and/or other a 2 drinks NS (Please no 	es alcohol, y ote that Never	the freque Less than 1x per month	 3 gla 3 drin a drin	adings a 1x per week	are differ 2-4x per week	(1 drink =	11/2 fl. or drinks or 1x per day	2-3x per day	4-5x per day	6 p d

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		Distanting and		SUMMA	RY									and all a
	How often do you add salt to your	food at t metimes	the table		often/al	ways								
	 2. If you add spreads or oil <u>during</u> cooking (incl. vegetables, rice, pasta and/or beans), they are usually (specify one or two only) stick margarine lard, salt park or bacon fat olive oil corn oil tub margarine butter canola oil other vegetable oil margarine-like spread margarine-like spread, light shortening 													
SUN	IMARY QUESTIONS (Please no	te that t	ne frequ	ency hea	adings a	are di	fferei	nt)	1			1		
		Never	Less than 1x per month	1x per month	2-3x per month	1: pe we	er	2x per week	3-4 pe wee	r	5-6x per week	1) pe da	r	2+x per day
(ii	ow often do you eat out ncl. restaurants, fast food and/ · take-out)?	0	0	0	0	C	5	0	C		0	C)	
	Has your health professional pres ○ Yes ○ No (If no, go to Q			diet for y	ou?									
	f yes, indicate the type of diet pre to manage diabetes to manage kidney disease	scribed . to ma to ma	nage hig		erol			age hy reduct		nsion	C) othe	r	
	Do you follow this diet? ○ Yes ○ No													
	Where do you usually eat breakfas		cafeteria	l	⊖ fast t	iood c	hain	⊖ re	estaura	ant				
	Where do you usually eat lunch?	0	cafeteria	l	○ fast	food c	hain	⊖ re	estaur	ant				
	Where do you usually eat dinner?		cafeteria	l	⊖ fast	food c	hain	⊂ re	estaur	ant				
8.	Are there any other foods you eat a	at least or	nce per w		mentior					ions)	? If ye	s, plea	se de	escribe:
			CC	DE		2	3	4	5	6	7	8	9	
				DE ①	1	2	3	4	5	6	(7)	(77)		
1.				a service of the serv						Same		8	9	
			CC	DE 0		2	3	④④	5	6	 (7) (7) 	(8) (8) (8)	9 9 9	

SUPPLEMENT USE

- 19 -

Do you currently take any supplements including vitamins, mineral, herbal supplements and/or antacids?

Please continue on the next page.

No. of Lot, House, etc., in such that

SUPPLEMENT USE (continued)

	Frequ	iency		Dura	ation	
NUTRIENT SUPPLEMENTS / MULTI-VITAMINS	Occasionally	Daily	Less than 1 year	1-4 years	5-9 years	10+ years
Multi-vitamin (e.g. Centrum, One-A-Day)				0	0	0
Senior formula	0	\bigcirc	\bigcirc		0	0
Stress tabs or B-complex	0	0	0	0	0	0
Calcium/Vitamin D or bone complex (e.g. Oscal)	0	0	0	0	0	0

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Same.

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2. 2.4 k 6.4 k	Frequ	iency	1000	Dura	ation	
SINGLE NUTRIENT / DIETARY SUPPLEMENTS	Occasionally	Daily	Less than 1 year	1-4 years	5-9 years	10+ years
Vitamin A	0	0	0	0	0	0
Vitamin C	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0
Vitamin D	0	\bigcirc	0	0	0	0
Vitamin E	\bigcirc			\bigcirc	\bigcirc	0
Folic acid	0	0	0	0	0	0
Vitamin B-6	0	0	\bigcirc	\bigcirc	0	0
Vitamin B-12	0	0	0		0	0
Calcium	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0
Magnesium		\bigcirc	\bigcirc	0	0	0
Potassium	0	\bigcirc	\bigcirc	\bigcirc	0	0
Iron	0	0	0	0	0	0
Selenium	0	0	0	\bigcirc	\bigcirc	0
Fish oil	0	0	0	0	0	0

1.11111111111111111111111111111111111	Frequ	lency		Dura	ation	
ANTACIDS	Occasionally	Daily	Less than 1 year	1-4 years	5-9 years	10+ years
Calcium containing antacids (e.g. Tums, Alka-Mints, Maalox tablets)		0		0		0
Other antacids (e.g. Mylanta, Rolaids, D-Gel)		\bigcirc	\bigcirc		0	0

9. If you take any vitamins or mineral or herbal supplements, what brand and dosage are they?

	Do n	ot wri	te in s	shade	d are	a:					
	CODE ①	1	(2)	3	(4)	(5)	6	7	8	9	
1	CODE ①	1	(2)	3	4	5	6	7	8	9	
	CODE ①	1	2	3	4	(5)	6	7	8	9	
2	CODE ①	1	2	3	4	5	6	7	8	9	2.5

10. Are there any other supplements or highly fortified foods or beverages (not mentioned in the previous sections) that you take at least once per week? If so, please describe:

	ment i merin	Do no	ot wri	te in s	shade	d are	a:		envis.	. M.B.1.	. X.,	
	CODE	0	1	2	3	(4)	5	6	7	8	9	
1	CODE	0	1	2	3	4	(5)	6	7	8	9	~
	CODE	0	1	2	3	4	(5)	6	7	(8)	9	
2.	CODE	0	1	2	3	4	5	6	7	8	9	

Thank you for completing this dietary questionnaire!

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Sedentary Behavior Weekday and Weekend Questionnaire HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:	FORM CODE: SDE VERSION: A 10/13/10	Contact Occasion SEQ # 0 1	i
ADMINISTRATIVE INFORMATION 0a. Completion Date:		0b. Staff ID:	
Instructions: See the detailed instructions in the	SOLNAS Manual for	completion of this form	
<u>Section A:</u> On a typical WEEKDAY, how much time	do you spend…(fro	om when you get up, until you go	to bed)

	None	15 min or less	30 min	1 hr	2 hrs	3 hrs	4 hrs	5 hrs	6 hrs or more
 Watching television (including videos on VCR/DVD). 	0	1	2	3	4	5	6	7	8
2. Playing computer or video games.	0	1	2	3	4	5	6	7	8
 Sitting and listening to music on the radio, tapes, or CDs. 	0	1	2	3	4	5	6	7	8
 Sitting and talking on the phone 	0	1	2	3	4	5	6	7	8
 Doing paperwork or computer work (office work, emails, paying the Bills, etc.) 	0	1	2	3	4	5	6	7	8
Sitting and reading books or magazines.	0	1	2	3	4	5	6	7	8
7. Playing a musical instrument.	0	1	2	3	4	5	6	7	8
8. Doing artwork or crafts.	0	1	2	3	4	5	6	7	8
 Riding or driving cars, buses, or trains. 	0	1	2	3	4	5	6	7	8

ID				
NUMBER:				



Section B:

On a typical WEEKEND day, how much time do you spend...(from when you get up, until you go to bed)

	None	15 min or less	30 min	1 hr	2 hr	3 hr	4 hr	5 hr	6 hr or more
10. Watching television (including videos on VCR/DVD).	0	1	2	3	4	5	6	7	8
11. Playing computer or video games.	0	1	2	3	4	5	6	7	8
12. Sitting and listening to music on the radio, tapes, or CDs.	0	1	2	3	4	5	6	7	8
13. Sitting and talking on the phone	0	1	2	3	4	5	6	7	8
14. Doing paperwork or computer work (office work, emails, paying the bills, etc.)	0	1	2	3	4	5	6	7	8
15. Sitting and reading books or magazines.	0	1	2	3	4	5	6	7	8
16. Playing a musical instrument.	0	1	2	3	4	5	6	7	8
17. Doing artwork or crafts.	0	1	2	3	4	5	6	7	8
18. Riding or driving cars, buses, or trains.	0	1	2	3	4	5	6	7	8

HCHS/SOL SOLNAS Ancillary Study PHANTOM Form

ID FORM CODE: SPF Contact NUMBER: VERSION: A 10/4/11 Occasion SEQ # 0 1	
ADMINISTRATIVE INFORMATION 0a. Completion Date: ////////////////////////////////////	
Instructions: Use this form to assign a phantom ID for Participants selected for QC sample in Q5 and Q16 on the VSE form. Visit 1-contact occasion 01. Visit 3 –contact occasion 03.	
1. Phantom ID number:	
Affix Phantom ID label:	

Urine Collection Worksheet for Staff HCHS/SOL SOLNAS Ancillary Study

ID NUMBER:									Form Code: SUC Version: A 10/27/10	Contact Occasion		SEQ #	0 1	
ADMINISTRA 0a. Completion			FOR	MA1]/[0b. Staff ID:				
Instructions:	See	the	deta	ailed	linst	ructi	ons	in tl	ne SOLNAS Manual for	completion of	this form			

- 1. Bottle #1
 - 1.a At SOLNAS Visit 1 (or Visit 3): Transcribe weight of 24-hour urine collection Bottle # 1 before urine collection (weigh after boric acid has been placed inside and the appropriate stickers have been placed outside).

A = Bottle #1 without urine



1.b At SOLNAS Visit 2 (or Visit 4): Transcribe weight of 24-hour urine collection Bottle # 1 as received by participant before any urine has been removed for processing.





1.c At SOLNAS Visit 2 (or 4): Subtract pre-24-hour urine collection weight from post-24-hour urine collection weight to determine weight of 24-hour urine collection in Bottle #1.

C = B - A = Urine from Bottle #1



- 2. Bottle #2
 - 2.a At SOLNAS Visit 1 (or Visit 3):Transcribe weight of 24-hour urine collection Bottle # 2 before urine collection (weigh after boric acid has been placed inside and the appropriate stickers have been placed outside).

D = Bottle #2 without urine



2.b At SOLNAS Visit 2 (or Visit 4): Transcribe weight of 24-hour urine collection Bottle # 2 as received by participant before any urine has been removed for processing.

E = Bottle #2 with urine



ID					
NUMBER:					

FORM CODE: SUC	
VERSION: A 10/27/10	



2.c At SOLNAS Visit 2 (or 4): Subtract pre-24-hour urine collection weight from post-24-hour urine collection weight to determine weight of 24-hour urine collection in Bottle #2.

F= E – D= Urine from Bottle #2



3. Total Weight of 24-Hour Urine Collection

At SOLNAS Visit 2 (or 4) :Add the weight of Urine from Bottle #1 (C) to the weight of Urine from Bottle #2 (F)

G= C + F= Urine from Bottle #1 plus Urine from Bottle #2



<u>Action Item</u>: Record the Total Weight of the 24-Hour Urine Collection (G) on Visit 2 Form (or Visit 4 Form) in Question re: (Total Weight of 24-Hr Urine).

Telephone Screening Questionnaire HCHS/SOL SOLNAS Ancillary Study

ID FORM CODE: TSE Contact NUMBER: VERSION: A 5/17/11 Occasion
ADMINISTRATIVE INFORMATION
0a. Completion Date:
Instructions: Use SOLNAS telephone script and MOP instructions for completion of this form. Use appropriate ancillary study recruitment or scheduling script when completing this form.
Check Form: Visit 1 Visit 3
For Visit 1 only A. Basic Eligibility information 1. Does the participant prefer Spanish or English? Neither language $0 \rightarrow INELIGIBLE$ Spanish $1 \square$ English $2 \square$
2. Has second 24 Hour Dietary Recall Interview from SOL study been completed?
No 0 Go to Question 19 Must complete before ancillary study interview (Please read second 24 hr dietary recall MOP instructions)
Yes 1
 B. Screening Questionnaire 3. Gender: Male 1 □ → Go to Question 6 Female 2 □
Females Only 4. Are you pregnant or planning to become pregnant in the next six months?
No 0 Yes 1 INELIGIBLE (I'm sorry, we are not able to include women who are pregnant or planning to become pregnant because we can only include participants whose weights are stable and not changing as in pregnancy.)
 5. Are you breastfeeding or planning to breastfeed in the next six months? No 0 Yes 1 INELIGIBLE (I'm sorry, we are not able to include women who are breastfeeding because we can only include participants whose weights are stable and not changing as in pregnancy.)

ID				
NUMBER:				

0

1

0∐ 1□

0

1

Contact		SEQ #	
Occasion		3EQ #	

Males and Females

6. Do you take insulin or any other medication for diabetes?

No	
Yes	

INELIGIBLE (*I'm* sorry, we are not able to include participants who have diabetes that must be controlled with insulin or any other medication for diabetes. Unfortunately, diabetes can have an effect on the tests we will be doing. Thank you very much for your time and interest.)

7. Do you take any medications that are required to be taken with food?

V	0	
Y	es	

INELIGIBLE (*I'm* sorry, we are not able to include participants who need to take their medication with food as this may interfere with fasting for corresponding visit (Visit 1 or Visit 3). Thank you very much for your time and interest.)

8. Do you routinely receive supplemental oxygen?



INELIGIBLE (I'm sorry, we are not able to include participants who use supplemental oxygen as this may affect the study measurements. Thank you very much for your time and interest.)

9. Do you have problems with bladder control that may make it difficult for you to collect urine?

No	0 Go to question 10
Yes	1

- a. Do you need or wear special undergarments for bladder control?
 - No 0[Yes 1[

INELIGIBLE (I am sorry, we are not able to include participants who use special undergarments for bladder control because a complete urine collection is important for accurate tests. Thank you very much for your time and interest.)

- b. Do you take any medications to control bladder function? (e.g. Detrol[™])
 - No Yes

INELIGIBLE (*I* am sorry, we are not able to include participants who take bladder control medication due to the potential difficulty in collecting spot urine specimens at time intervals. Thank you very much for your time and interest.)

10. Have you tried to lose or gain weight during the past four weeks, by decreasing your food intake and/or increasing physical activity?



0

1

a. Have you lost or gained more than 15 pounds during the past four weeks?

No	0
Yes	1

INELIGIBLE (*I'm* sorry, we cannot include participants who are gaining or losing weight since changes in weight affect energy measurements. Thank you very much for your time and interest.)

ID NUMBER:				FORM CODE: VERSION: A {		Contact Occasion		SEQ #		
11. Have	you ga No Yes		t weight <u>with</u> to to question	<u>out trying</u> durin n 12	ig the past	four week	<s?< td=""><td></td><td></td><td></td></s?<>			
a.	Have No Yes	0 1 1	NELIGIBLE	e than 15 pour (I'm sorry, we changes in wei time and inter	cannot inc	clude parti	cipants v	vho are g		-
		or diuretics 0 1	that are use	at affect weigh ed irregularly? (<i>I'm sorry, the</i> h for your time	se medica	tions affect	-			ank
13. Are y	ou inter	ested in pr	rticipating in	this study?						
	No		L IGIBLE (TI	nank you very	much for y	our time a	and intere	est in this	study)	
	Yes	1 Let'	s schedule y	our appointme	ents now.					
a.	Your	first visit is	on (<i>Appointi</i>	ment Date):]	
			(Please	oointment Time e bring any dieta for at least 4 hou	ary supplem			,	ou and remerr	nber
		ou schedule 2 or Visit 4		nent between (read the 1	1 to 13 da	ay windo	w) for the	correspond	ling
	No	0 Got	o Q 13.a. an	d reschedule c	correspond	ling visit (\	Visit 1 or	Visit 3).		
	Yes	1								
aft	pointme er or 13	ent 12 days 8 days after	after corres	ointment Date) oonding visit (it 3. If either da me on Day 13	Visit 1 or \ ate does n	ot work-se	e Manua			
			• •	ntment Time: vill need to fasi	t for 12 ho	urs prior to	(am, pm o your ar	,		
		tion the date 0 0 (1 c	e of 24-hour We will have ollection has	24-hour period urine collectior to reschedule to be done on le Visit 1 or 3.	n). both SOL	NAS visits	again. T	⁻ he 24-h	our urine	
	Yes	1								

Γ

ID					
NUMBER:					

Contact		SEQ #	
Occasion			

Before we confirm the SOLNAS visits, I have to ask you two more questions to make sure you are eligible for the study.

14. Are you expecting to receive blood transfusions or intravenous fluids during the two weeks <u>before or</u> <u>after</u> your corresponding SOLNAS visit (Visit 1 or Visit 3)? This includes IV fluids you might receive if you are scheduled for a colonoscopy? (Do you have any scheduled procedures where receiving blood or intravenous fluids are a part of the procedure?)

No	
Yes	

INELIGIBLE (I'm sorry, we are not able to include participants who will receive blood transfusions or intravenous fluids during this time period because they will affect the study measurements. Thank you very much for your time and interest.)

15. Will you be traveling 200 miles (or more) from home during the two weeks <u>before</u> or <u>after</u> your corresponding SOLNAS visit (Visit 1 or Visit 3)?

No	0	Read Section C
Vaa		

0

1

- Yes 1
- a. Would you be willing to reschedule your travel plans to participate in this study? No 0 **INELIGIBLE** (I'm sorry, we are not able to include participants who will be this far away from home during this time period since differences in the content of local drinking water will affect study measurements. Thank you very much for your time and interest.)

Yes	1	ELIGIBLE	(Thank you.	We appreciate	your willingness	to change your travel
plans	so that	you can pai	ticipate in this	special study.)	Read Section C.	

- C. Congratulations, you are eligible to participate in the Hispanic Community Health Study/Study of Latinos (SOL) Nutrition and Physical Activity Assessment Study. (Briefly review the information for the visits) (Thank you for your participation in this study. We will see you on your first visit on (appointment date and time.))
- **D.** Demographic Information

16. Age:

17. Hispanic/Latino background from PIE/PIS

c			
	Dominican or Dominican Descent	0	
	Central American or Central American descent	1	
	Cuban or Cuban descent	2	
	Mexican or Mexican descent	3	
	Puerto - Rican or Puerto Rican descent	4	
	South American or South American descent	5	
	More than one heritage	6	
	Other	7	
	If other, please specify:		

ID				
NUMBER:				

9 🗌

Contact		SEQ #	
Occasion		3EQ #	

18. Self identification of racial group from PIE/PIS

Unknown or Not reported

American Indian or Alaskan Native	1 🗌
Asian	2 🗌
Native Hawaiian or Other Pacific Islander	3 🗌
Black or African – American	4
White	5 🗌
More than one race	6 🗌

E. Final Disposition

19. Individual Participation Status:

Refuses to participate	1 🗌 End interview
Unable to contact, status unknown	2
Ineligible	$3 \square \rightarrow INELIGIBLE, closing script$
Agrees to participate	4 \Box → ELIGIBLE, schedule visit

COMPLETE FINAL DISPOSITION ON SOLNAS Checklist Form

Record Sheet for 24-hour Urine Collection HCHS/SOL SOLNAS Ancillary Study

ID NUMBER: FORM CODE: UCE Contact VERSION: A 11/10/10 Occasion SEQ # 0 1								
ADMINISTRATIVE INFORMATION								
0a. Completion Date: 0b. Staff ID: 0b. Staff ID:								
Instructions: Participant: Follow instructions attached with this form.								
1. Start of collection:								
1.a Date: ////////////////////////////////////								
1.b Time: AM PM (<i>This is the time when you discard your first urine, after which you start the collection.</i>)								
2. Time of first PABA-B-Vitamin tablet:								
3. Time of second PABA-B-Vitamin tablet:								
4. Time of third PABA-B-Vitamin tablet:								
5. End of Collection:								
5.a Date: ////////////////////////////////////								
5.b Time: AM PM (24 hours after the "Start". Include this urine in the collection.)								
Problems if any (such as spilled urine, missed urine collections, or diarrhea):								
Please mark "no" or "yes" (or write a number for Question 7) for each question below.								
6. Did you miss any urine collections?								
No 0								
Yes 1								
7. If you missed urine collections, how many did you miss?								
8. Were you away from home during the collection period?								
No 0								
Yes 1								
ID NUMBER:								
------------	--	--	--	--	--	--	--	--
------------	--	--	--	--	--	--	--	--

9. If you were away from home, were you able to collect your urine?

No	0

Yes 1

10. Were you able to collect your urine during the night?

- No 0
- Yes 1

11. Did you have any diarrhea during the collection period?

- No 0
- Yes 1

12. Did you spill any urine when pouring it into the bottle?

No	0

Yes	1
-----	---

THANK YOU!

Shipment to UMN Lab Form HCHS/SOL SOLNAS Ancillary Study

Center ID Number:			FORM CODE: UM VERSION: A 1/19/		
ADMINISTRATI 0a. Shipment Da		N //[0b. Staff ID:	
place the first sa empty). Select t participant LabI	mple vial for each he collected samp	participant LabIE ples to be shipped ake copies of the	D in the correct loc for each LabID.	ation, see MOP fo Print shipping form	nen storage box. Make sure you r details (position 81 will always be n and affix extra corresponding one for your records and ship
Lab ID Number					Affix LabID Label
1.					
	Plasma Vials:	#1: 🗌 V10	#2: 🗌 V11	#3: 🗌 V 12	
	Serum Vials:	#4: 🗌 V 00	#5: 🗌 V 01	#6: 🗌 V 02	#7: 🗌 V 03
	24 hr Urine:	#8: 🗌 V 60	#9: 🗌 V 61	#10: 🗌 V 62	
2.	Plasma Vials: Serum Vials: 24 hr Urine:	#11: UV10 #14: V00 #18: V60	#12: □ V11 #15: □ V01 #19: □ V 61	#13: □ V12 #16: □ V02 #20: □ V 62	#17: 🗌 V03
3.	Plasma Vials: Serum Vials: 24 hr Urine:	#21: UV10 #24: V00 #28: V60	#22:	#23: □ V12 #26: □ V 02 #30: □ V62	#27: 🗌 V 03
4.	Plasma Vials: Serum Vials: 24 hr Urine:	#31: UV10 #34: V00 #38: V60	#32:	#33:	#37: 🗌 V 03

ID NUMBER:			FORM CODE: UMN VERSION: A 1/19/12	Contact Occasion	SEQ #	
Lab ID Number						Affix Label
5.						
	Plasma Vials:	#41: 🗌 V10	#42: 🗌 V11	#43: 🗌 V12		
	Serum Vials:	#44: 🗌 V 00	#45: 🗌 V 01	#46: 🗌 V 02	#47: 🗌 V 03	
	24 hr Urine:	#48: 🗌 V60	#49: 🗌 V61	#50: 🗌 V62		
6.						
	Plasma Vials:	#51: 🗌 V10	#52: 🗌 V11	#53: 🗌 V12		
	Serum Vials:	#54: 🗌 V 00	#55: 🗌 V 01	#56: 🗌 V 02	#57: 🗌 V 03	
	24 hr Urine:	#58: 🗌 V60	#59: 🗌 V61	#60: 🗌 V62		
7.						
	Plasma Vials:	#61: 🗌 V10	#62: 🗌 V11	#63: 🗌 V12		
	Serum Vials:	#64: 🗌 V 00	#65: 🗌 V 01	#66: 🗌 V 02	#67: 🗌 V 03	
	24 hr Urine:	#68: 🗌 V60	#69: 🗌 V61	#70: 🗌 V62		
8.						
	Plasma Vials:	#71: 🗌 V10	#72: 🗌 V11	#73: 🗌 V12		
	Serum Vials:	#74: 🗌 V00	#75: 🗌 V01	#76: 🗌 V02	#77: 🗌 V03	
	24 hr Urine:	#78: 🗌 V60	#79: 🗌 V61	#80: 🗌 V62		

VISIT 1 or 3 ELIGIBILITY Form HCHS/SOL SOLNAS Ancillary Study

N	ID UMBER:		FORM CODE: VEE Contact VERSION: A 5/17/11 Occasion SEQ #
AD	MINISTRAT		ORMATION
0a.	Completion	Date:	0b. Staff ID:
<u>Ins</u>	tructions:		ons to ask prospective SOLNAS participants when they arrive for SOLNAS Visit 1 or Visit 3. See ailed instructions in the SOLNAS Manual for completion of this form.
1.	Check For	rm: Visit 1 Visit 3	
2.	Participan	t is:	Male 1 Go to question 5
			Female 2
3.	Are you p	regnant	or planning to become pregnant in the next six months?
	No	0	
	Yes	1	INELIGIBLE
4.	Are you bi	reastfee	ding or planning to breastfeed in the next six months?
	No	0	
	Yes	1	INELIGIBLE
Ма	les and Fe	males	
5.	Have you	taken in	sulin or any other medication for diabetes since we last talked by phone?
	No	0	
	Yes	1	INELIGIBLE
6.	Have you	receive	d supplemental oxygen during the past two weeks?
	No	0	Go to question 7
	Yes	1 <i>This is</i>	(Let the participant know that the SOLNAS appointment will need to be rescheduled. because supplemental oxygen will affect study measurements.)
	6.a.	Are yo	u willing to reschedule?
		No	0 Refuse to Reschedule
		Yes	1 RESCHEDULE

ID				
NUMBER:				

Contact		SEO #	
Occasion		SEQ #	

Have you received blood transfusions or intravenous fluids during the past two weeks?
 (e.g. Had a colonoscopy or other medical procedure using IV fluids during the past two weeks?)



0 Go to question 8

- Yes 1 (Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because blood transfusions or intravenous fluids will affect study measurements.)
- 7.a. Are you willing to reschedule?

No 0 Refuse to Reschedu
No 0 Refuse to Reschedu

Yes 1 RESCHEDULE

8. Have you taken any medications that affect weight such as thyroid, weight loss or chemotherapy medications or diuretics in the past two weeks?

No	0	Go to	question	9
	~ <u> </u>		4	-

Yes 1 (Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because these medications will affect study measurements.)

8.a. Are you willing to reschedule?

No	0	Refuse to Reschedule
Yes	1	RESCHEDULE

9. Have you traveled more than 200 miles (one-way) away from home during the past two weeks?

No	0	Go to	question	1
----	---	-------	----------	---

- Yes 1 (Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because differences in the content of local drinking water will affect study measurements.)
- 9.a. Location of travel:

(Confirm on the Internet that destination is 200 miles or further away from field center)

- 9.b. Are you willing to reschedule?
 - No 0 Refuse to Reschedule

Yes 1 RESCHEDULE

- 10. Have you had anything to eat or drink besides water or non-caloric, decaffeinated beverages during the past four hours?
 - No 0 **Go to question 11**
 - Yes 1
 - 10.a. Are you willing to wait to start the SOLNAS procedures until it has been 4 hours since you have eaten?
 - No 0

Yes 1 Go to question 10.b

ID NUMBER:		FORM CODE: VEE Contact VERSION: A 5/17/11 Occasion SEQ #										
	10.a.1. Are yo	u willing to reschedule your SOLNAS appointment?										
	No	0 Refuse to Reschedule										
	Yes											
10.b.	When did you	last eat or drink anything except water or non-caloric, decaffeinated beverages?										
10.b.1 Note time when participant last ate or drank:												
	10.b.2 Note time when the 4-hour SOLNAS fast will be complete:											
]: (am/pm)										
	4-hou	rt the participant to a suitable waiting area until the participant has completed the SOLNAS fasting period. After the 4-hour fast is finished, mark "Eligible" on on 11.)										
11. Visit Eligi	bility Summary											
Ineligible		0 \Box (Thank the participant and excuse him/her from further SOLNAS questions.)										
Refused t	o Reschedule	1 [] (Thank the participant and excuse him/her from further SOLNAS questions.)										
Eligible		2 [] (Ask the participant to empty his/her bladder and then start the SOLNAS consent procedures with the participant)										
Pending s	scheduling	3										
Reschedu	le	4										
	11.a. Appo	intment Date:										
	11.b. Appo	intment Time:										

(Thank the participant and excuse him/ her from further SOLNAS questions for the day.)

Visit 1 or Visit 3 Form HCHS/SOL SOLNAS Ancillary Study	
ID NUMBER: FORM CODE: VSE Contact VERSION: A 5/17/11 Occasion	
ADMINISTRATIVE INFORMATION 0a. Completion Date: ////////////////////////////////////	
Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form.	
1. Check Form: Visit 1 Visit 3	
 SOLNAS Consent Signed: No 0 INELIGIBLE (Thank the participant and end the visit.) Yes 1 ELIGIBLE 	
3. HEIGHT AND WEIGHT: Staff ID	
3.a Height: cm	
3.b Weight: kg	
3.c Calculate DLW dosage: Weight in kg X 1.4 = g of DLW	
4. Visit Lab ID:	
5. Is participant in QC Sample? No 0 Go to Question 6 Yes 1 <i>Enter QC Lab ID#:</i>	
For participants in QC sample only: Collect double the samples of urine for Time 0, 3 and 4	
6. TIME 0 (Fasting) Staff ID	
(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).	
Use "SOLNAS Urine corresponding Visit Time 0" label.	

6.a. URINE COLLECTION Time: : (am, pm)

ID NUMBER:	FORM CODE: VSE Contact VERSION: A 5/17/11 Occasion SEQ #												
	CAUTION – Do not administer DLW unless fasting urine is complete.												
7. DOUE 7.a	BLY LABELED WATER DOSING: Staff ID DLW Dose Weight: g (Note: Q 7.a. <u>should not be 10 grams more</u> than Q 3.c. If difference is higher than 10 g, see SOLNAS Manual of Operations)												
7.b	DLW Lot Number:												
7.c	Time of DLW Dose:												
7.d	DLW Spillage: No 0												
	Yes 1 (Follow protocol for DLW spillage)												
8. TIME	1 – One Hour After DLW: Was Meal Replacement Beverage (MRB) Consumed? No 0 Go to question 9. Yes 1 A mount:mLTime:: (am, pm)												
• • • • • • • • • • • • • • • • • • • •	2 – Two Hours After DLW: e sure participant voids bladder. Note: urine is not collected.) Bladder voided: No 0 Yes 1 Time: (am, pm)												
(Colle samp Use "	3 - Three Hours After DLW: Staff ID Sta												

ſ

ID NUMBER:		FORM CODE: VSE VERSION: A 5/17/11	Contact Occasion	SEQ #	
11. TIME 3 BL			Staff ID		
11.a Partic	cipant's Age: Less than 60 60 or older	1 Perform blood	. ,		
		No=	0 Yes=1 (proceed))	
11.b. 10 i	mL Lavender <u>dry</u> EDTA vao	cutainer			
	e 1.75 mL (in one 2 mL cryovi				
	el "SOLNAS corresponding V nber 40	/isit"			
11.e. Tim	ne of Draw:	(am, pm)			
(No more	EVERAGES CONSUMED than 250 mL per hour betw and beverage only if needed				
12.a Bev	verage 1 Amount:	mL (<i>If none,</i> (am/ pr	, <i>enter 0</i>) n)		
12.b Bev	verage 2 Amount:	mL (<i>If none,</i> (am, pr	,		
12.c Bev	verage 3 Amount:	mL (<i>If none,</i> (am/ pr			
12.d Bev	verage 4 Amount:	mL (<i>If none,</i> (am, pr	,		
(Collect ur sample, tra	Four Hours After DLW rine in the hat and transfer ansfer two 1.75 mL aliquots NAS Urine corresponding V	s to two 2mL cryovi	•	articipant is in t	he QC

ID NUMBER:									FORM CODE: VSE VERSION: A 5/17/11	Contact Occasion			S
------------	--	--	--	--	--	--	--	--	--------------------------------------	---------------------	--	--	---

EQ #

14. PABA (B-Vitamin) tablets for 24-hour urine collection

Is participant hypersensitive to PABA-containing sunscreens or allergic to PABA?

- 0 (Keep the three PABA (B-Vitamin) tablets in the 24-hour urine collection kit.) No
- 1 (Remove the three PABA (B-Vitamin) tablets from the 24-hour urine collection kit.) Yes
- 14.a. Are the three PABA (B-Vitamin) tablets removed from the 24-hour urine collection kit? No 0 Yes 1
- 15. SPECIMEN INVENTORY CHECKLIST: (If the participant is under age 60, mark "No=0" for the plasma specimen. For all others "No=0; Yes=1".)

	Tube #	Specimen	Collected? "No=0; Yes=1"
15.a	30	Time 0 Urine	
15.b	33	Time 3 Urine	
15.c	34	Time 4 Urine	
15.d	40	Plasma 60 y.o.	

16. QUALITY CONTROL INVENTORY CHECKLIST: (Only if participant answered "yes" to question 5) ("No=0; Yes=1")

	Tube #	Specimen	Collected? "No=0; Yes=1"
16.a	30	Time 0 Urine	
16.b	33	Time 3 Urine	
16.c	34	Time 4 Urine	

If specimen collection is incomplete, please explain:

Visit 2 or Visit 4 Form HCHS/SOL SOLNAS Ancillary Study

ID FORM CODE: VTE Contact NUMBER: VERSION: A 8/19/11 Occasion SEQ #												
ADMINISTRATIVE INFORMATION 0a. Completion Date: 0b. Staff ID: 0b. Staff												
Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form.												
1. Check Form: Visit 2 Visit 4												
2. Weight: Staff ID												
a. Weight: kg b. Used Same Scale for Prior Visit Weight? No 0 Yes 1												
3. Visit Lab ID:												
4. Is participant in QC Sample? No 0 Go to Question 5												
Yes 1 Enter QC Lab ID#:												
For participants in QC sample only: Collect double the samples of spot urine for Time	0											

For participants in QC sample only: Collect double the samples of spot urine for Time 0 and 1, 24hr urine collection and blood.

5. TIME 0 (Fasting) URINE COLLECTION Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two1.75 mL aliquots to two 2mL cryovials). Use "SOLNAS Urine corresponding Time 0" label.

a.	Time Collected:		:		(ar	n, p	m)	
b.	Collection Date:		/	/				

Indirect Calorimetry may occur before or after the fasting blood draw.

NU	ID IMBER:							FORM CODE: VTE VERSION: A 8/19/11		Contact Occasion		SEQ	#		
6.	TIME	0 (Fast	ing) E	BLOC	D D	RAW		Staff ID			No		Yes (µ	proceed)	
	a.	6 mL l	Royal	l Blue	e vac	utaine	r								
		Four 0	.5 mL	(min	imum) serun	n (i	n four 2 mL cryovia	als)						
	/If po							0, 01, 02, 03 two 6 mL Royal Bl		outoinor			bt 0.5 r	ml	
	• •	mum) ir				•	150	two o mil Royal Bi	ue va	lculainei	No	•		proceed)	
	b.	10 mL	. Lave	ende	r <u>dry</u>	EDTA	va	loutainer]		,	
		Three	0.5 m	L (mi	nimur	m) plas	sm	a (in three 2 mL cry	ovial:	s)					
			t is in	the G	C sa	mple, ι		10, 11, 12 one 10 mL Lavenc	der dr <u>.</u>	y EDTA	vacuta] iner. C	Collect s	six 0.5 m	L
	C.	For pa	rticipa	ints 6	0 yea	rs or ol	lde	r ONLY(date of bi	rth is	on or b		-			
		One 1	.75 m	nL pla	asma	ı (in on	ie 2	2mL cryovial)			No		Yes (µ	proceed)	
				-	-	" num		-							
	for p		nts. Us	se tw				he QC sample: Do der dry EDTA vacu](am, pm)		rs to coll					пL
	e. C	Collectio	on Da	ate:		/]						
7.	24-HC	OUR UF	RINE	COL	LEC		١N	D PROCESSING		Sta	ff ID				
	(Red	cord the	e total	l volu	ıme i	n 7.a.	Ce	entrifuge and aliqu	iot ac	cording	to the) list be	elow.)		
	a.	Tota	l Wei	ght:				grams	3		No		Yes (µ	proceed)	
	b.					ntrifugi	-]			
								ryovials) 60, 61, 62							
	(If pa							lect six 1.75 mL in s	six 2 ı	mL cryo	vials)				
	c. C	Collectio	on Da	ate:		/]						



- 8. PABA (B-Vitamin) Adherence
 - a. Did the 24-hour urine kit contain the 3 PABA (B-Vitamin) tablets at the prior Visit?
 - No $0 \square$ **Go to question 9.**

Yes	1
-----	---

- b. How many PABA (B-Vitamin) tablets did the participant take (check which one applies)?
 - 0 tablets01 tablet12 tablets23 tablets3Don't know9
- c. Did the participant take any acetaminophen (for example, Tylenol®) during the urine collection?

No	0
Yes	1
Don't know	9

d. Did the participant take any vitamins, other than the PABA (B-Vitamin) tablets, during the urine collection?

No	0
Yes	1
Don't know	9

9. **TIME 1 URINE COLLECTION** – One Hour After Fasting Urine Staff ID (Collect urine in the hat and transfer 1.75 mL to one 2 mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials). Use "SOLNAS Urine corresponding Visit Time 1" label.

- a. Time Collected: _____: (am, pm)
- b. Collection Date:
- 10. SPECIMEN INVENTORY CHECKLIST("No=0; Yes=1")

	Tube #	Specimen
10.a.	00	Serum #1
10.b.	01	Serum #2
10.c.	02	Serum #3
10.d.	03	Serum #4
10.e.	10	Plasma #1
10.f.	11	Plasma #2
10.g.	12	Plasma #3
10.h.	20	Plasma #4 (60y.o. or older)



ID NUMBER:			sion SEQ #
	Tube #	Specimen	Collected? "No= 0, Yes=1"
10.i.	50	Time 0 Urine	
10.j.	51	Time 1 Urine	
10.k.	60	24hr Urine #1	
10.I.	61	24hr Urine #2	
10.m.	62	24hr Urine #3	

11. QUALITY CONTROL SPECIMEN INVENTORY CHECKLIST(Only if participant answered "yes" to question 4)("No=0; Yes=1")

	Tube #	Specimen	Collected? "No= 0, Yes=1"
11.a.	00	QC Serum #1	
11.b.	01	QC Serum #2	
11.c.	02	QC Serum #3	
11.d.	03	QC Serum #4	
11.e.	10	QC Plasma #1	
11.f.	11	QC Plasma #2	
11.g.	12	QC Plasma #3	
11.h.	50	QC Time 0 Urine	
11.i.	51	QC Time 1 Urine	
11.j.	60	QC 24hr Urine – #1	
11.k.	61	QC 24hr Urine – #2	
11.l.	62	QC 24hr Urine – #3	

If specimen collection is incomplete, please explain:

12. Consent for Future SOLNAS Contact:

Declined

Accepted 1

0

9

N/A

Visit 2 or 4 Participant Update Worksheet HCHS/SOL SOLNAS Ancillary Study

ID FORM CODE: VUE Contact NUMBER: VERSION: A 5/17/11 Occasion SEQ #
ADMINISTRATIVE INFORMATION
0a. Completion Date: 0/ 0b. Staff ID: 0b. Staff ID:
<u>Instructions:</u> Questions to ask prospective SOLNAS participants when they arrive for SOLNAS Visit 2 or Visit 4. See the detailed instructions in the SOLNAS Manual for completion of this form.
1. Check form Visit 2 □ Visit 4 □
2. Have you taken insulin or any other medication for diabetes since we last talked by phone?
No 0
Yes 1 INELIGIBLE
 3. Have you received supplemental oxygen during the past two weeks? No 0 Go to question 4. Yes 1 3.a. Reason for supplemental oxygen: 3.b. Dates of supplemental oxygen: From: ////////////////////////////////////
treatment is completed. This is because supplemental oxygen will affect study measurements).
Yes 1 INELIGIBLE (I'm sorry, we are not able to include participants who use supplemental oxygen as this may affect the study measurements. Thank you very much for your time and interest.)
3.d. Are you willing to reschedule (<i>corresponding <u>Visit 2 or Visit 4</u></i>) two weeks after temporary treatment is completed?
No 0 Refuse to Reschedule
Yes 1 RESCHEDULE Visit 2 or Visit 4

ID			
NUMBER:			

Contact		SEO
Occasion		SEU



4. Have you received blood transfusions or intravenous fluids during the past two weeks?" (e.g. Had colonoscopy or other medical procedures using IV fluids during the past two weeks?)

Nc)	
Ye	s	

 $0 \square$ Go to question 5. 1

- 4.a Reason for blood transfusion or intravenous fluids:
- 4.b Dates of blood transfusion or intravenous fluids:

From:		
To:		

4.c. Are you willing to reschedule (corresponding Visit 2 or Visit 4) two weeks after the blood transfusion or intravenous fluids treatment is completed?

No	0	Refuse to Reschedule
Yes	1	RESCHEDULE Visit 2 or Visit 4

5. Have you taken any medications that affect weight such as thyroid, weight loss or chemotherapy medications or diuretics in the past two weeks?

No	C	
`		

 $0 \square$ Go to question 6. 1 Yes

5.a. Reason for taking these medications: _____

5.b Dates of medication:

From:	
To:	

5.c. Are you willing to reschedule (*corresponding <u>Visit 2 or Visit 4</u>*) after weight is stabilized?

No Yes 0

1

Refuse to Reschedule				
Pending	Scheduling	Visit 2	or Visit	4

6. Have you traveled more than 200 miles (one-way) away from home during the past two weeks? $0 \square$ Go to question 7. No Yes 1

6.a. Note the participant's date (s) of travel:

From:		
To:		

6.b. Location of travel:

(Confirm on the Internet that destination is 200 miles or further away from field center)

6.c. Are you willing to reschedule (corresponding Visit 2 or Visit 4) two weeks after return from travel?

No	0	Refuse to Reschedule
Yes	1	RESCHEDULE Visit 2 or Visit 4

ID				
NUMBER:				

7. Have you had anything to eat or drink besides water or non-caloric, decaffeinated beverages during the past twelve hours?

No	0
Yes	1

Complete corresponding SOLNAS Visit tasks. (End)

- 7.a Are you willing to wait to start the SOLNAS blood draw and indirect calorimetry until it has been 12 hours since you have eaten? (We can still collect the last two urine samples).
 - No 0 Yes 1

1 Go to question 7.b.

7.a.1 Are you willing to reschedule your SOLNAS blood draw and indirect calorimetry?

- No 0 Complete the remaining corresponding SOLNAS Visit tasks (**except blood draw and indirect calorimetry**). (*End*)
- Yes 1 Complete the remaining corresponding SOLNAS Visit tasks (except blood draw and indirect calorimetry). **RESCHEDULE blood draw and indirect** calorimetry (*Reschedule participant up to Day 20*).
- 7.b (Ask participant when he/she last ate or drank anything except water or non-caloric, decaffeinated beverages.)

Time when participant last ate or drank:			(am/	om)	
7.b.1 Time when the 12-hour SOLNAS fas	t will be c	omplete	:	:	(am/pm)

Complete the remaining corresponding SOLNAS Visit tasks (except blood draw and indirect calorimetry until 12-hour fast is complete).

8. Visit Eligibility Summary

Ineligible	0 [] (Thank the participant and excuse him/her from further SOLNAS questions.)				
Refused to Reschedule	1 [] (Thank the participant and excuse him/her from further SOLNAS questions.)				
Eligible	2 [] (Start the corresponding SOLNAS Visit procedures with the participant.)				
Pending scheduling	3				
Reschedule	4				
8.a. Appointme	ent Date:				
8.b. Appointme	ent Time:				